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Ethel G. Fenwick

1913

Nuns in Class

A History of Nursing

From the Earliest Times to the Present Day
with Special Reference to the Work of
the Past Thirty Years

Edited, and in Part Written, by

Lavinia L. Dock, R. N.

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In Four Volumes
Volume IV

With 34 Illustrations

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NURSING

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LAVINIA L. DOCK

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A HISTORY OF NURSING

CHAPTER 1

THE RISE OF THE GERMAN FREE SISTERS

ONE who found it interesting to study the calling of the nurse, under the varied forms it took on in its evolution from the Middle Ages to the present day, would have been richly rewarded by a visit to Germany at the end of the last century. There, side by side, in full panoply, with all their characteristic features still in the bloom of vigorous life, could have been found nursing orders illustrating each historic variation, each successive phase in religious and economic status, as rural, feudal Germany changed to a modern industrial empire.

The industrial revolution, silently and irresistibly advancing, altered nursing communities, too, as it shook the foundations of home, turned wealth away from the convent, built the factory town, and cast thousands of women out into a new world to support themselves and, often, others dependent upon them, as they best might. The churchly orders that had been so harmoniously adapted to the social conditions of a different age saw their supremacy slipping away.

Germany shows perfect examples of hardworking and efficient Catholic nursing orders. They are practical, and follow the lead of medical science, but their numbers no longer sufficed to meet demands, nor did they as yet open secular schools. Then came the deaconess Motherhouses, but they, too, soon found that their patriarchal basis was too limited—they could not expand indefinitely. Next were the first large secular schools for nurses upon the English pattern, Victoria House in Berlin and the Nursing Association of the City of Hamburg. The former was the creation of the Empress Frederick, who was a woman of advanced views.[1] Fräulein Louise Fuhrmann, the first superintendent of the house, in an account of it which she wrote in 1893,[2] said that the Empress had two purposes in view: one to prepare nurses for the care of the sick in their own homes, so that they might there have the same skilled care as in hospitals, and the other to open to educated young women an honourable and blessed vocation free from all the restraints of "confession." This meant simply that pupils were not to be limited to one religious faith, but should be accepted without reference to their creed. Though it seems a matter of course now, it was revolutionary, or at least daring, then.

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[1] In 1869, the great scientist Virchow gave a lecture before an association of women in Berlin, in which he declared that nursing should be organised on strictly secular lines, with purely humanitarian purposes, and urged the following proposals: 1. Men's wards should be nursed by women. 2. Every large hospital should have a training school. 3. Small localities should have training committees. 4. Nurses should unite in organisations. 5. Special institutes should provide preparatory teaching in hygiene, dietetics, etc. *Ges. Abhandl., öff. Med.*, vol. ii., pp. 55–56.

[2] *Report of the Congress of Hospitals and Dispensaries*, World's Fair, Chicago, 1893.

The Empress laid her views before the Society of Domestic Hygiene, of which she was patroness, and the school began in a small way in 1881–82, without definite hospital connection, but finally, in 1886, with Fräulein Fuhrmann, who had meantime been trained at the Nightingale school at St. Thomas's, as its head, it was attached as an independent association to the public hospital at Friedrichshain, where the nurses were to receive their training. There was a board of trustees, and a very pleasant and attractive home was built for the pupils. The training lasted for one year, but the pupils signed a three-year contract, and after this term were free either to leave the association or to remain in its service throughout their lives. If they chose the latter, they were supported in sickness and old age, the general plan being similar to that of the religious orders, though the whole standard of living was more ample and a far greater degree of personal liberty allowed. At sixty, if in the service of the association, the nurses received pensions. (This detail has recently been altered. They are now insured.) Victoria House, in its day, was considered to be extremely advanced. It has always attracted a superior type of women and they enjoy the advantages of a good position. Its pupils, however, are badly overworked in the course of their training, owing, no doubt, to the necessity of making thrifty contracts with the city hospitals for their services.

The Hamburg nurses, whose home is the Erica House at the immense Eppendorf Hospital, were organised on similar lines. If the nurses, at the end of their hospital training, separated themselves from the control of the association in the management of which they had no share, they then ceased to have any claim on it or any right to its benefits. The same arrangement and the same defects continued in the associations of the Red Cross, which, after the war of 1870, had a period of remarkable growth, and developed thirty or forty Motherhouses for the training of nurses. Within one generation, these houses collected under their wings a staff of more than three thousand Sisters, and turned the tide in the direction of religious freedom, for the Red Cross necessarily carried on a lively competition with the religious orders for desirable probationers; religious tests were discarded, and a free intellectual atmosphere was encouraged by the dedication to large national service and by the stimulus of international relationships. The ideals of the Red Cross were drawn on heroic lines: the love of country, the service of the Fatherland, and even beyond that, of humanity,—for no frontiers were known to the succour offered to the wounded or calamity-stricken. But the Red Cross Motherhouses, like the religious orders, were hampered by the necessity of supporting a large staff of workers and maintaining them in their old age or invalidism. The nurses were, so to speak, the tools of charity, receiving shelter, food, clothing, pocket money, and provision for old age, and in return for this, being bound to the Motherhouse for life. In the struggle for existence the competition between nursing associations often assumed a cut-throat character, and many Red Cross Sisters were overworked, undertaught, and in short, exploited. The course of instruction given never exceeded six months, and teaching was often entirely sacrificed to the exigencies of getting work done. This was not always the case; there are some excellent Red Cross hospitals, and the service has attracted an admirable and talented set of women.

Of progressive tendencies, also, in its recognition of the economic situation, was the *Evangelische Diakonie Verein.* This association owed its inception to Professor Zimmer, who was for some time its director, and who recognised the necessity of opening new fields of occupation to young women of good education. Professor Zimmer held that the Sisters joining the society should retain as much individual freedom and independence as possible. They, therefore, after passing through definite preparatory stages, shared in the management of the society's affairs, and were expected to choose their own work, a radical departure from the custom of the older associations. It retained, however, a strongly religious stamp, being almost as definitely confessional as the deaconess house. The society offered three branches of work: nursing, teaching, and household economy. These different professions were taught in various selected institutions, and paths of promotion led to the higher posts, and to the inner circle of *Verbandsschwestern* to which the Sisters might pass by election from the outer circle of *Vereinsschwestern.* The *Diakonie Verein* was at first very successful; it soon became self-supporting, and attracted a superior set of women. It now (1911) numbers about one thousand members, but seems to have attained its maximum of growth.

There were also nurses trained by the modern societies of St. John, usually women of good family who would not voluntarily work for a living, and were satisfied with a superficial training for philanthropic work,[1] and cottage nurses, trained in rural districts or in provincial towns, who were expected to perform the labours of five women (mother, nurse, cook, cleaner, and housekeeper) in the homes of the poor, and whose willing patience and industry often excited the envious admiration of philanthropists from countries where women were not quite so strong or so submissive.

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[1] The Rules of the *Johanniter-Orden* say: The time of training shall be as long as the Motherhouse deems necessary for giving a good training, but not over six months. . . .

Neither probationer nor Sister receives salary. Their service is a voluntary labour of love for suffering humanity and to the glory of God. After training, the Sisters of St. John were to return to their own homes and apply their knowledge for the benefit of the poor, so far as possible. They were to respond to calls from the head of the order when they were needed, either for war, epidemic, or some special emergency in the hospitals of the order. They were not to join other associations, except such as were allied to their order. The report for 1905 shows 1099 nursing Sisters, of whom 964 were fit for service, and 85 were ill. For various reasons the rest were not in line of duty. The hospital training was given in deaconess establishments or others with which the Order of St. John affiliated. 10.7 per cent. of the *Johanniterinnen* had devoted themselves to the deaconess service. During the year, 119 Sisters had been detached from the order, either because of chronic illness or precarious financial situation, or because, contrary to their promise, they had taken up private nursing for pay. In this case they had to refund the cost of their training, while in all cases of separation their badges had been recalled. Thirty-six had died, 296 had been devoting themselves to district nursing, while 255, either through illness of their relatives or themselves, had been unable so to serve.

At the beginning of the new century all the signs indicated the coming of a change in German nursing. The associations whose more or less rigid forms we have outlined were wholly unable to meet the demands of an adequate public hospital service, and yet a steady exodus of nurses from their gates was going on, and hundreds of women, driven chiefly by the need of earning a more ample living, but partly also by revolt against an arbitrarily narrowed existence and starved personality, were leaving the deaconess orders, the Red Cross service, and the nursing associations, and, lonely and isolated, atoms tossed about in the labour market, were trying to support themselves at private duty or in positions. They were called the "Free" or the "Wild" Sisters. In reality these were pioneers in the revolt against the unpaid labour of women. They had been toiling for a mere subsistence. So much did the Motherhouses regard this as the order of nature, that they could not dream of altering it, nor would they have known how to do so. The problem facing the free Sisters was to obtain a living wage in competition with Motherhouses partly supported by charity or endowments, which had set the price for nursing service at a minimum impossible for those who were self-dependent workers. Behind and over the economic situation was the power of the Church, heretofore the chief employer of women. A foreign nurse, observing these things sympathetically in 1899, wrote of the free Sisters: "Their lives are rather forlorn. The doctors and patients do not like them as well as the deaconesses (or pretend they do not), they are meagrely paid, and have not learned to strengthen one another. One longs to help them, but does not know how. Their help must come from themselves and will be the result of a long, slow process." She described the various forms of organisation and added: "The last stage of development, that into self-governing associations, has not yet come."

A leader was needed. Who was it to be? There were women of commanding personality, great executive talent, character, and force, who were then conspicuous in the German nursing world, but they had not large vision. Their interests were provincial. The looked-for leader, however, had even then been storing heart and mind with evidence of the friendless, helpless state of nurses, and when the opportune moment came, she was ready, a woman more forceful and able than those already prominent, of executive ability superior, and with a sympathy and comprehension that excluded none.

In 1902, a German magazine devoted to nursing interests contained an article by Sister Agnes Karll, giving the history of the formation of a modern, independent union of nurses,[1] in which she said:

> The need of an organisation for the hundreds of nurses who had withdrawn from the existing orders has been widely realised in the last few years. At the meeting of the National Council of Women, it was first openly urged by the widow of Professor Krukenberg, Bonn, and agreed to by the two hundred and thirty representatives of eighty thousand German women, that nursing should

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[1] *Die Berufsorganisation der Krankenpflegerinnen Deutschlands:* in *Die Krankenpflege*, vol. ii., part 5, 1902–3, p. 461.

Sister Agnes Karll

Founder and President, German Nurses' Association

be looked upon as a skilled pursuit for women who desired industrial freedom, in contradistinction to the conservative view that it must either be monopolised by religious or charitable bodies or be left to ignorant persons.

Agnes Karll defended energetically the new order of free nurses, and said:

> Undeveloped and timid women will do better to remain in the deaconess or Red Cross orders, where they never have to think for themselves, but it is useless to blind one's self to the rapidly changing conditions of to-day; . . . numberless women who are eager to devote themselves to some kind of service to their fellow men find the limitations of the deaconess and Red Cross sisterhoods too narrow. . . . Above all things we wish in our organisation to preserve personal freedom and self-government on a rational basis.

In this article she made clear the nurses' wish for three years of training. When the quinquennial meeting of the International Council of Women, to which the British and American nurses were then affiliated, took place in Berlin, in the summer of 1904, English, Irish, and American nurses assembled in that city and there for the first time met Sister Agnes Karll, who had been working out her problems unaided. Until the winter of 1903, she had not even known of the nursing affairs of England or America, nor had she been aware that the German movement was already being sympathetically watched in those countries. To find that fellow-workers of other lands were ready and waiting to draw her into an international circle whose members all, with interests and aims alike, strengthened one another by moral support, sympathy, and encouragement, was a great joy and a most unexpected source of help to her. The visitors, in their turn, were impressed and stirred by the whole-heartedness with which she had dedicated all her powers to the upbuilding undertaken as her life-work. Trained in one of the best Red Cross hospitals, with an inheritance that made leadership natural, possessed of a far-seeing intellect and keen judgment, and with a real passion for bringing help to the individual, Sister Agnes lived modestly on a small private income and devoted time, strength, and brains freely to the service of nurses.

What she has done so far shall be told in her own words:

> The opening of the new century was a turning-point in our profession. Numerous occurrences of a painful nature, I regret to say, had brought it sharply home to the general public that a complete transition from the older charitable and religious systems of sick-nursing, to a new and secular form, had taken place unnoticed. In the course of this silent transition, abuses had been permitted to develop which, if not checked, would soon drag the noblest and most womanly of all occupations in the mire, and yet the new form was the only one which could possibly promise to fill the great deficit in the numbers of nurses. Two events of the summer of 1901 had caused especial consternation. One was an actual strike declared by nurses:—"Nursing Sisters on Strike," said the headlines in the papers; and these, moreover, were not the "wild nurses" at all, but deaconesses and Sisters of St. John. The daily papers teemed with the news, but presently the powerful association of deaconess Motherhouses found a way to stop the publicity of

details in which the despotism of Matrons had played an unlovely part. The other incident was a conflict between medical men, when, the victory being to the strong, the Sisters, having been arrayed on the weaker side, were driven off the field.

At the moment when the feeling aroused by these events was running high, there appeared a pamphlet by Sister Elizabeth Storp, called *The Social Status of the Nurse*, which excited keen interest. The numerous articles in the daily press had naturally been characterised by complete lack of knowledge of the theme under discussion. Much had been written of the motives with which nurses took up their work, but little of the actual conditions of their lives, and still less of remedies for the great hardships they endured. It was, therefore, most timely for one of our own number to come forward to point out the real difficulties with which nurses had to struggle in their calling, such as extreme overwork, insufficient pay, and an entire absence of all security for the future when old age or ill-health should overtake them. It was well, too, for the declaration now to be made that these hardships could only be abated by "state regulation of training; the general employment of trained nurses in institutions and in the municipal service; the creation of a free employment bureau for them; the establishment of recreation and convalescent homes, and above all, the elevation of the status of the nurse and her attainment of a higher standard of living." Frau Marie Stritt, then president of the National Council of Women of Germany, brought this pamphlet to the notice of Augusta Schmidt, of the *Allgemeine Deutsche Frauen-Verein*, the veteran of the Woman Movement in Germany, when she came, in the early autumn, to the general annual meeting of 1901, and it was then decided that the subject of nursing and the state of the nursing body should be taken up for consideration at the next year's Council. To Frau Professor Krukenberg, as the widow of a physician, was assigned the responsibility of the preliminary work of inquiry into the subject, for the dense ignorance of all those present as to the conditions of nursing was clearly evident in the discussions.

Public attention was still further stirred toward the end of 1901 and the beginning of 1902, by the publication of a pamphlet bringing scandalous accusations against the Hamburg hospital, and in the resultant lawsuit unsavoury details were aired involving the private nursing institutions. Nurses, however, though the ones most concerned, took the smallest share in the general discussions and showed the least interest, owing, obviously, to the shut-in character of their lives and their incessant strain under exhausting work. However, in 1902, they were stimulated to protest against oppressive conditions at the time when the act for the legal protection of the Red Cross insignia took effect. Sorely as this act was needed to put a stop to the growing misuse by commercial establishments of the Red Cross symbol, it yet caused real distress to many of the best nurses in independent private practice, who had worn the badge in good faith for years, believing that they were entitled to it because of their training in Red Cross hospitals, their honourable reasons for leaving the Motherhouse (often the necessity of supporting relatives), and their standing contract to serve in time of war.

A little group of nurses who had come into relation with one another through Sister Storp's pamphlet, met one day in Berlin to talk over all these things. There were Sister Elizabeth Storp, Sister Hélène Meyer, Sister Marie Cauer, who had written much and admirably in professional journals on the conditions of nursing, and I. We discussed with great earnestness the coming meeting of the Council of Women in October, in Wiesbaden, the attitude they would take in nursing matters, and the demands they contemplated making upon the government for nursing reforms, details in all of which we had been asked to give our counsel. The women's suggestions for legislation seemed to us not quite desirable, and to me, especially, with my ten year's experience of private duty, their ideas of state control of private nurses seemed impracticable. My colleagues, whose lives had been spent in hospital work, laid the chief emphasis upon hospital reform, and one and all planned to go to Wiesbaden to take part in the proceedings.

I alone was not satisfied, for the prospect of future reforms in hospitals gave no promise of help for the hundreds of nurses who were now and had been for years making the hard struggle for existence in the lonely isolation of private duty. It was clear to me that they must unite; clear, too, that this union must be outside of the hospitals; yet to form independent associations was a thing unheard of for German nurses. While I hesitated, the correspondence over the proposed resolutions went on, and at last Frau Krukenberg wrote:—"The only practical remedy for all abuses is self-organisation." This declaration made me also decide to go to Wiesbaden.

I had long hung all my hopes for improvement in nursing conditions on the Woman Movement. Like all nurses in private practice, I had had little time to form new relationships, but through friends I had been kept supplied with the literature of the movement, and during my ten years of private duty, and before that in several years of varied experience with hospital work, I had given my spare time to a thorough study of all that the Woman Movement implied and included. Then a fortunate accident, or let us say a dispensation, had put me in the way of discovering the only road then leading to a provision for the future of our nurses: namely, the annuity and invalidity pension arrangement of the German Anchor Life Insurance Society. When my long overtaxed strength finally failed so far as to compel me, in 1901, to give up nursing, I had devoted myself to a careful study of the possibilities of private and government insurance, gaining also, in the course of this inquiry, a personal knowledge of the nurses' homes in Berlin. These homes, while rapidly increasing in numbers, were fast acquiring a very undesirable reputation, and it was the experiences of this year that gave me courage and perseverance to take the helm when the time came.

The meeting took place. It was a glorious autumn day as we four entered Wiesbaden. How I wish that every Sister might have been there with us for just that one session, when, for the first time, a vast throng of women, the representatives of 80,000 members of the federated women's societies, took up the conditions of the nursing profession for discussion! Hitherto the public and the press had held it to be a desecration to practice nursing as a means of livelihood. Here, on the contrary, it was regarded as self-evident that this was one of the most natural of self-supporting occupations for women, and that, without need of a religious background, it might be built up on solid foundations with thorough training and sensible conditions of living. Augusta Schmidt was dead, but many other veterans of the Woman's Movement greeted us with the warmest kindliness, and I felt certain that this was the only direction in which we might look for energetic help; equally certain that we must unite among ourselves at the earliest possible moment. Fräulein von Wallmenich, from the Red Cross hospital in Munich, was on the programme, and, naturally, took the position—"Nursing, uncontrolled by Motherhouses, is impossible." Motions were made by Frau Krukenberg and Frau Eichholz, and were supported, but were finally withdrawn in favour of one framed by our group, in some parts of which we had had the collaboration of Professor Zimmer.

It was as follows:—"The Council of Women shall present a memorial to the proper officers of the government, containing a petition covering the following points: It should be the duty of the State:—

"(1) To define a three years' training for nurses that shall be recognised by the state; to admit nurses having passed through such a course to a state examination, and to bestow upon all successful applicants a state certificate and a legally protected badge which may be removed by the proper authorities for sufficient cause.

"(2) Only those hospitals shall be recognised as can show a proper care for their nurses through the limitation of working hours to eleven daily, and through a sufficient provision for their staff in old age and invalidity, the state to set an example of a model nursing organisation which shall give due balance to the administrative, medical, and nursing spheres, and secure the moral and material interests of the nursing staff."

After Fräulein von Wallmenich, Sister Marie Cauer and Professor Zimmer spoke, and the resolution was then unanimously adopted without amendment. To-day a small part of our demand has been realised, and we need not despair of gaining the rest in the course of time, if we do our duty.

Many precious relationships are woven in with those days in Wiesbaden, and many good friends were gained for our cause: I need only mention Frau Poensgen, Frau Krukenberg, Frau Cauer, and Oberst Galli.

Only Berlin would do, of course, as the centre of our new organisation, for besides being the seat of government it was the home of by far the largest number of nurses. Immediately upon my return I began taking steps to carry out our plans. It seemed to me impossible to undertake such a responsible business venture without the advice of men, and so I tried to secure Herr Geh. Sanitäts Rath Aschenborn and Herr Oberst Galli as president and treasurer. Already warmly interested in our cause through Sister Hélène Meyer, Herr Geh. Rath Aschenborn helped me willingly to frame the by-laws which, with a few additions, are in force to-day, but he advised me emphatically to have no one but nurses upon the governing board; for, he said, "The members of a profession are the only ones who can judge correctly in the affairs of their profession." And Oberst Galli, on grounds of health, could offer us no fixed services, but gave us the first hundred marks for our treasury. We soon succeeded in finding the women needed as organising members for the new society. Sister Clara Weidemann, Sister Anna Wundsch, Frau Dr. Metzger, and Fräulein Heydel promised to help me, and on January 11, 1903, we called a meeting in the Emmaus Sisters' Home to found the German Nurses' Association. To our delight and surprise thirty-seven Sisters, all of whom showed intense and ready interest, answered the call. Yet doubts as to the possibility of success were inevitable, and another meeting was proposed. I objected—"Now or never!" and carried the day. The by-laws were read a second time and adopted by twenty-eight of those present. The next day two more nurses entered, so that we had a membership list of thirty to take to the chief of police with our announcement.

To send the necessary notification of our organisation to the proper department of the government was our first public step. To-day none of our many members dreams of the trembling fear, the anxious deliberation, with which we few women ventured into this, to us, so absolutely unknown a region. Limited means, no assistants, no experience. The by-laws had to be sent in duplicate with the notification. Who wrote the clearest hand? Sister Fanny Kraft met this demand successfully. Next came the notification to the *Amtsgericht*, the local bureau. The first attempt was vain. All five members of the executive committee and officers of the association must appear before the court at a certain hour in the morning. After a thorough scrutiny of our by-laws, it appeared that we could not obtain a simple association charter, as in our contemplated office and registry we were regarded as conducting a business. We were advised to seek a corporation charter, and this was even more satisfactory to us, as it gave us more important standing. That it took longer did not matter, but it did much matter that we should be released from the necessity of having all the officers appear at a particular time and place in the huge city, every time there was a change of officers or an amendment to the by-laws. This detail, hard enough for business men to meet, would have been simply impossible for us.

Our first bow in public having been thus successfully made, we hastened to increase our membership. The friendly precincts of "Emmaus" still, as at first, gave us a meeting place. The presidency was entrusted to me; Fräulein Heydel undertook the secretaryship and vice-presidency, for none of us had ever kept minutes, far less conducted a meeting. Sister Clara Weidemann, Frau Metzger, and Sister Anna Wundsch filled the rest of the offices. No one had time to work outside of the hours of meetings. All that I could not do myself I must find volunteer help for. A temporary office with registry was developed in the tiny flat where I lived with four nurses. Sister Marie Stangen, whose health did not permit any longer of private duty, and who kept house for us, was always ready to help. Several Sisters offered to help when off duty. Then there was a lively coming and going, telephoning and general activity. Writing could only be done after ten o'clock at night. A group of nurses in other places had already become linked with our little home through the years of past work. Here was the nucleus for our employment agency. Lists of addresses were put up, invitations sent broadcast to interested friends, hectographing, enveloping, addressing, stamping was to be done by the hundred. The work was arduous, but what delight we took in this first co-operative work for a great end!

On January 29th we held our first public meeting in the assembly room of the Girls' High School in Burggrafen Street. It was most kindly placed at our disposal by the Principal, and we only had to rent the chairs. Our audience had been invited by cards and notices in the daily papers. The president of a woman teachers' association remarked after this meeting that "one could easily distinguish the Sisters from the rest of the audience by their expressions. A veil of weariness seemed to cloud their faces. One could see that they had no time to adjust their minds to new ideas." I cannot describe the embarrassment with which I began my first public address on nursing conditions and our aspirations. Only two doctors came—Professor Salzwedel and Dr. Jacobsohn. The former was instructor at Charité, where a three months' course in nursing was conducted. At that time, it was the only public course under governmental auspices for training in nursing. It was open to everyone, men and women alike, upon payment of a moderate fee, and was terminated by a state examination Dr. Jacobsohn was the editor of the *Deutsche Krankenpflege Zeitung*. In the discussion he, supported by Professor Salzwedel, took the position that if we regarded our calling as a profession, we should give up the title of Sister, as to retain it was only going half-way. Though none of us agreed with him, we were not prepared to refute his argument, but Fräulein Heydel deftly came to the rescue, declaring that the professional nurse was now forming a sisterhood, and would do wisely in retaining this name, so intimately interwoven with the life of the people. The president then laid emphasis on the point that only through sisterly union could our aims be reached. Thus the professional idea and that of sisterhood were united in the outset of our career, even if not as firmly as they must be in the future.

This meeting brought us many new members, as did also our next on February 28th in the Victoria Lyceum, when Frau Krukenberg spoke on "Professional Organisation for Nurses." Work also increased, as testimonials and endorsements had to be verified, and Sister Eugenia von Raussendorff offered her services. Now also came the first one of the many official journeys of the president, and the membership list grew so fast that it was no longer possible to carry on the registry work in our little dwelling, where nurses on private cases for night duty often came home to sleep. So after careful deliberation we made the plunge and rented the first office in the garden house at Bayreuther Street, Sister Eugenia having promised to rent two of the rooms and to act as registrar. It was a serious question to be responsible for the rent, the telephone, salaries, and furnishings. Many were the knotty points to be decided. Our by-laws with a letter were sent to all the 2400 physicians in Berlin, and Sister Käthe Angermeyer and Sister Elfride Bettenstaedt helped with the ever greater task of addressing and mailing. Such an extraordinary amount of mail matter fell into the division post-office that they looked darkly at us there, and we divided our mail between several districts.

In March, at the annual meeting a sort of court of appeals was chosen, and two Sisters who had taken business training were appointed as auditors. Many other things were dealt with at that meeting. It was moved to attempt some approach to the Red Cross Society, and we applied to them for the use of their emblem for our badge; then there was the eligibility for war service to work for, especially with a view to the claim for post-graduate courses in hospitals, which we wished to press energetically, knowing well how many gaps there were in our training; the question of reduced railroad rates for the Sisters and the granting of a charter had also to be considered, countless visits made, and preparatory work done for all these various memorials. What we would have done without our most loyal of all friends, Herr Rittmeister Praetorius and his wife, it is impossible to imagine. He, as member of the Reichstag and the Prussian Diet, could always advise, drill us unsophisticated Sisters in the forms, ceremonies, and proper use of titles in addressing the various official bodies, and show us how to go about managing our affairs. But all our memorials were at first fruitless, with the exception of the reduced railroad rates. In 1903, after a searching and favourable scrutiny of our nurses' district work with the poor, this, to our great satisfaction, was granted.

The correspondence had now assumed such dimensions that a second Sister was installed in the office in August, 1903. Shall we ever again feel such fascination and exhilaration as in those early days? Shall we ever greet even the greatest success, attained with difficulty, as all must be, with such rejoicing as we felt then over the smallest steps forward? In that little circle it was possible to come into close contact with each; the correspondence with the distant Sisters could be personally and intimately carried on; one could share the needs and the cares, great and small, of each one in a way that now with the many hundreds, is impossible, greatly as one longs to do it, for the day has only so many hours and strength has its limitations; and that some feel grieved when they return, remembering the old times, now to find new faces and a great pressure of business absorbing every one, we who went through the first days understand very well. But patience! The individual will come to her own again when we have our local groups built up in every part of Germany, each with a nurse at its head who will be indeed a warm-hearted sister to every member. In July, 1903, our first local affiliated group, under the leadership of Sister Christine Esser, joined us. It was a private institution of Frankfort. So well has it thriven that in March, 1908, its members owned their headquarters. Next the founder of a group in Stuttgart desired to get into touch with us, and I made the first visit to Frankfort and Stuttgart at the same time to get acquainted with the nurses, among them Sister Martha Oesterlen who, we had learned at Wiesbaden, was in sympathy with us. . . . As it means much personal sacrifice to develop such centres, it is not to be wondered at that they have not multiplied more rapidly. First the Sisters in a locality must be gathered together, then some one who must necessarily be a nurse must be found who will stimulate wider growth and assume the leadership. Although it is essential that the governing board of the central organisation shall be limited strictly to nurses by the necessity of keeping the general management in the hands of members of the profession, the local branches may be differently managed. There, I have been desirous of gaining the co-operation of women who were interested in the progress of women from the broad standpoint. In the local groups we shall welcome the co-operation of physicians and lay women on our boards of officers, provided always, of course, that they sympathise intelligently with our ideals of professional development. But the many "bad examples" both at home and abroad must ever prevent us from falling back into that indifference which tends to let the control of our work drop out of our hands because it is easier not to take responsibility.

There is no such thing as independence without responsibility. We must never forget this; and every member must realise her duty of responsibility to our own association, which we ourselves have called into being. Only the harmonious working of all parts in unity can ensure its fullest usefulness for the benefit of all its members. Again, though every organisation has the right and even the duty of refusing the membership of the unworthy or the undesirable, yet its aim should not be to limit itself solely to a small select circle, but to include the greatest possible number of the average people, giving them that support which they, even more than others, need, not only in business and in professional interests, but still more in human brotherhood.

In every other profession than ours a standard of efficiency has been developed, whilst in nursing, so long as this was monopolised by religious and charitable bodies, the importance of professional knowledge was often quite overlooked and religious motives and duties were given front place, naturally resulting in collisions with the claims of science and hygiene. As necessity, during the last few decades, gradually imprinted upon nursing the stamp of a self-supporting occupation for women, it was inevitable that in the absence of an accepted professional standard improprieties of the most deplorable kind should occur, such as the incidents which first called our association into being and, next, compelled the government to take precautionary measures.

Above all must we strive for this—that with the improved technical education we shall never, in time to come, lose that which is most needful in our calling and which can only be imperfectly defined by law, namely, an enriched ethical ideal. This we need everywhere, but most urgently upon the battlefield of the social misery of our times. This gives the trumpet-call to all noble natures, men or women, among our people, and we, who by virtue of our calling should be first to respond, are the most poorly armed for the fight, because, in our hospitals, we have been drilled simply in the technical side of nursing without being given sufficient comprehension of the claims of humanity. This is the reason why, for such positions as that of Sister in the women's venereal wards of a large city hospital, one seeks almost in vain for suitably prepared women who are ready to assume the most difficult, yet most sacred tasks of our calling. For there it is not only a question of caring for the body, but of finding the lost soul; there it is a question of taking the sins of the whole world upon our shoulders; such work calls not only for special qualities, but also special training and preparation, as not everyone can be an original genius and succeed in creating professional standards.

Only the hospitals can lay the foundations for our calling. It was therefore naturally of the greatest importance that we should cultivate relations with them. The increasing shortage in the numbers of nurses was the usual starting-point of negotiations between us, which were often broken off by mistrust of our form of organisation. The City hospital in Frankfort- a- M. took our probationers willingly from 1904 until 1907, when it suddenly forbade its accepted pupils to remain members of our society. Their reasons for this step are hardly clear, for no hospital needs to fear our self-government, or to suspect that we shall remove probationers or Sisters from its service, a thing we would not do even if we could. We are at all times the best champions of the hospitals, as their interests are identical with ours. We did oppose the custom of binding probationers by a money deposit, for this custom is either useless or harmful. However, in the matter of the two- or three-years' contract, we agree with the hospitals only if they extend their plain duty of teaching over the entire time of the nurses' service. This would be, moreover, the best solution of one of the greatest difficulties, namely, the overburdening of both hospital and pupil in the attempt to give the whole training in one year's time.[1]

The rapid growth and pressing activities of the young society soon brought the need of a professional organ to the front. Sister Agnes wrote:

> In the summer of 1905, we decided on the bold step of starting our own paper in January, 1906, and as early as October, 1905, we found it necessary to begin with a small printed pamphlet, *Mitteilungen an unsere Schwestern*, which may really be regarded as our beginning. Only those who have themselves founded a paper know what a progressive step it is for a society to have its own organ, but they also alone can know what work, anxiety, and responsibility it means for the editor. One thing is certain, such a paper can only be of real use to nurses and can only develop on true lines when controlled by members of the profession. Now nursing in Germany is not a good school for public work. Owing to the religious origin of her work, a nurse still seems, and in many cases is encouraged to be, a person apart from daily social interests! How much there is for her to learn, if in connection with all her other duties she decides to run a paper! . . .
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> We exchange journals with all professional and women's papers, we also send it gratis to all women's clubs at home, to some abroad, and to all Information Bureaus, in all sixty-one. These are only small numbers as yet, but we are beginners and have had so short a time to develop that we have but little to offer when we compare ourselves to our "Sister-press" in other countries. Still, we began with nothing; what we have succeeded in doing has been done with our own means and by our own strength in the

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[1] *Unterm Lazaruskreuz*, January 15, 1908, and succeeding numbers; articles on "The History of the Association," by Sister Agnes Karll.

> struggle for independence and progress, and we can only say that we are content with the results. Even now, in our second year, we are able to print a double number when necessary, and numberless copies find their way from time to time to distant lands, winning for us new friends. . . .[1]

The official nursing journal, of course, needed a name, and a symbol. The name *Unterm Lazaruskreuz* was chosen, as, in 1904, after consultation with artists and antiquarians, a badge of the extinct Order of St. Lazarus had been adopted as the society's emblem. Sister Agnes explained the reason for this selection as based upon the social service of the combatants of leprosy, and said:

> Perhaps it may seem strange to many that in spite of our calling ourselves "interconfessional" we have chosen a cross for the badge of our journal and association. It is an historical fact that owing to nursing being, so to say, the offspring of the Church, the cross is her natural coat-of-arms. Not the so-called "Red Cross"—that of the Geneva Convention, which, out of gratitude for the initiative given by Switzerland, adopted its coat-of-arms in reversed colours for army nursing—but a much older cross, as displayed by the Order of St. John and the Knights of Malta. Such an old historical cross is the one we have chosen, a relic of the Crusades, worn by a knightly order, now extinct, in their fearful social struggle against leprosy. And as we also are at war with social abuse, sickness, and sorrow, we consider we may claim the right to follow the advice of an artist and reanimate this symbol of olden times as the seal and badge of our earnest endeavours.

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[1] *Reports of the Paris Conference, 1907.* Papers on "The Nursing Press."

It is our earnest wish that our badge be thus worn, that each issue of our journal shall carry into the world the true meaning of our efforts. Our motto needs no explanation. *Ich dien* speaks for itself, and when one thinks of the many difficulties we have surmounted and of the still greater number before us, the encouraging words of our second motto, *per aspera ad astra*, will not be considered out of place.

Before the association had finally adopted this badge, their use of it was contested by the Red Cross societies upon the ground that it resembled the Geneva Cross. It is, however, quite different.

Young as we were, it seemed to us of the most far-reaching importance that, in January, 1905, the city of Düsseldorf made overtures to our society to staff its new hospital when finished. It was expected it would be opened in October, 1906. Professor Witzel of Bonn was chosen as Director, and my first interview with him, his medical chief, and the city officials concerned, was held in Düsseldorf in 1905. . . . The course of training was to last for two years, instead of the one recognised by the law. [The two years' course was later abandoned for one year.] The four weeks' service required of the Sisters who were to take posts at Düsseldorf, given at the Friedrich Wilhelm Stift in Bonn, was a valuable service for our members and gave gratifying evidence that it was entirely possible for them to work in complete harmony with the Kaiserswerth deaconesses there. . . . That all did not come to be realised as we had hoped in regard to Düsseldorf is well known to all our Sisters. Nor would it be easy to say where the fault lay. We are in a transition period which is characterised by special difficulties in all our hospitals. There is hardly any German hospital where the conditions to-day are satisfactory or promising, and things are naturally at the worst in the vast city hospitals, with their complex management. As the same theme with variations is found everywhere, it is clear that the root of the trouble lies in the system—in the mode of organisation of hospital work. To trace it to the point of clear demonstration of where the trouble lay, why general discontent and continuous change are the rule, would be the first step toward improvement. To us, it is of first importance to know in how far the Sisters are at fault. . . .

We should not only be nurses for the sick, doing simply what is necessary for the physical care of our patients, as, in the mad race of work in a big hospital, with its understaffing, is often unavoidable, but we must be apostles of hygiene, of social progress, if we wish to fill a place in the life of the people. We are only useful for a few years in hospital or private duty, while we are in the prime of our strength. And then? Then our future is in social work, whose full possibilities are only now beginning to be recognised. True, we have not been prepared for it . . . we must see to it that we are prepared.[1]

The year 1907 brought many important events: The corporation charter was granted; the suit brought by the Red Cross against the organisation to prevent its adoption of the *Lazarus-Kreuz* as a badge, on the plea that it might be mistaken for the Geneva Cross, was decided in favour of the German Nurses' Association. Then came June 1st, when the Imperial Registration Act for Germany, first demanded by the nurses at the Wiesbaden meeting of the Council of Women, in 1902, went into effect.

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[1] *Unterm Lazaruskreuz*, articles on "The History of the Association," by Sister Agnes Karll, in January 15, 1908, and succeeding numbers.

In March, 1905, the Federal Council had accepted the draft of an act regulating the practice of nursing for the German Empire. On March 23, 1907, a conference of nursing associations with the Minister of Education, von Studt, was called together, and on June 1st, of the same year, the act went into effect in Prussia. The law, as adopted, did not fully meet the nurses' wishes, but they regarded it as a step in the right direction. For one thing, the state formally recognised nursing as a professional career, and thus a weapon was afforded against the worst of those abuses which had grown up under unrestricted competition. There would now be a line of distinction drawn between nurses who had passed a state examination and those who had simply been "examined by a physician." If the public had realised what was implied in this latter ceremony it would have been less easy for people to be deceived as to the respective merits of nurses. Such examinations might even be based upon a six weeks' lecture-course given in an office, upon payment of a five-dollar fee, and certificates signed by the physician-lecturer gave the holder the right to nurse the sick! No wonder that the public sometimes saw the resorts of such persons closed by the police! The German registration act requires one year of study and hospital training, and though this is too short, it will act in a salutary way upon the present six months' courses. Examinations are held twice a year in hospitals, and comprise oral and written tests, with practical work under observation in the wards. The examining board is composed of three physicians. Eleven subjects are specified for examination. The examination is not compulsory, but calls for one year's work and study in a public hospital or in one recognised by the state.[1]

Sister Agnes wrote of the passage of the act:

> That will remain for all time one of the most memorable days in German nursing, because on that day the nurses' calling was stamped and sealed as a secular profession. Much as there still remains to do, nevertheless this first legislative act in protection of our work, incomplete as we hold it to be, has erected a new foundation upon which we may and must build to completion.[2]

The conference called by the Minister of Education to discuss the scope and details of the law, and held on March 23d, was a noteworthy occasion. All the nursing bodies of Germany sent their representatives. Catholic orders and deaconess Motherhouses, Red Cross societies and the *Diakonie Verein*, city hospitals and the German Nurses' Association,—all were there, but out of thirty-one such delegates only six were women. Sister Agnes said: "The conference was a step of the greatest importance. It was characteristic that, while all the other nursing associations present were represented entirely, or largely, by men, we alone, an independent body of women, were distinguished by having our elected president there to act for us." [Sister Agnes herself.]

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[1] Abstract of paper read by Sister Charlotte von Cämmerer at the Paris Conference, 1907, on "The German State Registration Act for Nurses."

[2] *Unterm Lazaruskreuz*, April 1, 1908.

The act, it will be remembered, is not compulsory, and the deaconess and Red Cross Motherhouses were extremely reluctant to accept it. The Catholic nursing orders received it with the best grace, and, whether they liked it better or not, were among the first to agree to conform to its requirements for professional instruction.

From now on the friendly alliance with the army of the Woman Movement became continually a closer one.

Sister Agnes wrote: "Our connection with the Woman Movement has developed in a gratifying way, and has been fruitful in its broad relationships." That summer she spoke on organisation among nurses at meetings of the Council of Bavarian Women, and on proper training at the public evening meeting of the National Council of Women in Jena. In the autumn and winter came invitations to speak on nursing and its problems in many parts of Germany. Into those years of strenuous labour we will now look for a moment through the medium of Sister Agnes's letters:

1906.

. . . But I am not well—always ailing, and have to be very careful . . . In our office they are working like slaves; it is too bad and I do not know how it is to end. Sister —— often looks so ill, I am afraid she will break down. . . . We now have a very nice new Sister for the telephone and office work. . . . But we need one more and have not the money or the right person to do it. . . . Not long ago I went to see —— for the first time since January. It is amusing to see how evident it is that we are gaining ground. He was always nice, but this time he was as proud as a peacock, because he had always known that we would make our way. He told me that the German registration act was really our work, and that we were his best hope. . . .

Life is rather hard sometimes, but nothing of all the worry can be everlasting, and so it is not worth while to take it too hard. I am very glad of the few drops of old *wendischem Fürstenblut* in my veins which never let me lose my courage. . . .

My tour through west and south Germany was dreadfully fatiguing but inspiring, and those five weeks seem like years. Is it not nice that the Munich doctors asked me to speak before them? And they took my reproofs so well: I do not think doctors quite as hopeless as I did.

Saturday I have to go to a little town one hour distant to look after one of our Sisters, who tried to take her life, because she feels that she will not be able to work much longer. It is heartrending, but the doctor wrote me some splendid letters—he feared we would expel her—every Motherhouse would do so. . . .

A young doctor came to see me a week ago—a fine fellow; he is a member of our association, and I asked him if he would take the poor girl for his little eye-clinic and he promised at once that he would. But first she must go for treatment—God may help us to save her. I am so sure we will find the means to make the way easier for all these poor overworked girls, and in time we will find them a convalescent home. Life is a dreadful thing, but it is fine to grapple with it and get the better of it. I sometimes feel like little David with the giant Goliath, but I think in this battle a warm heart is the only stone to throw. . . .

I am in bed for a little rest, so I have a quiet hour after sending some notices to the papers about our battles won. Geh. Rath —— in the Department of Education told me to send them, and I think it is a good thing to do. Some of them always take our slips, and I hope to find a millionaire for another legacy.

In April I have to speak at the Bavarian Women's meeting about nursing; in May I must go to a committee meeting of the National Council of Women to which I belong; in June, Paris—so you see my life is full to the brim. I had a good fight one evening not long ago with all my dear enemies in the Society of Social Medicine, Hygiene, and Medical Statistics—a discussion of Dr. Eugen Israels' paper on our registration act. . . . The fight will really only begin in the next few years. This was only a little taste of it.

The comedy about our badge before the *Schöffengericht* is just finished.

1908.

How I would like you to see our offices now, with ten salaried Sisters in them, and so many new inventions and things!

My tour of lecturing was full of interest and pain. I saw heaps of authorities, and so many nurses. I think I never before realised as I did this time how sorely they need us. We can do a good deal for them, but alas! never enough. And how they die; that is simply heartrending! So many suicides! And so many dreadfully ill, and most of them die too young! . . . I had a strenuous time, four weeks in eleven places;—not more than five or six hours' sleep and working hard all the rest of the time—lectures and visits.

By 1911 the association had federated branches

A Business Meeting of the Officers of the German Nurses' Association

Sister Agnes Karll to the right

in Hamburg, Bremen, Baden, Württemberg, Saxony, a group centre in Riga, Russia, including German nurses all over Russia who are members of the German Nurses' Association, and in Frankfort. The groups are largely self-governing, and form nuclei for the furthering of local interests and the study of local needs. So steadily grow the affiliated societies that detail must not here be attempted.

The modern era is in full swing in Germany. The rush to great cities is steady, industrialism has marshalled its problems, and the free Sisters are responding to the call for the many specialised forms of social service. District nursing, in its older form, is still in the hands of the Church, but the newer lines of preventive visiting nursing are being directed by the municipalities, and nurses are being appointed to give instructive care to the families of tuberculosis cases, especially of those sent to the sanatoria maintained by the government insurance; to follow up alcoholic cases and their families, and to watch over the well-being of infants. By 1910, fifteen German cities had appointed women, many of whom are trained nurses, as police-assistants. Their duties call for the finest combination of womanly initiative and professional tact and skill. In the vast need for many such assistants is a suggestion of the new paths opening before the modern German nurse. School nursing, first established in Charlottenburg, was still, in 1911, in its very early stage of development. In two high schools for girls in Charlottenburg, nurses were teaching hygiene, simple nursing, and the care of infants. Many district nurses, especially those of the *Diakonie Verein*, gave similar courses. Nurses were giving talks and demonstrations on nursing in the home in girls' boarding schools, to classes of wives and mothers of well-to-do families, and to groups of factory girls. There were a few employed in factories and department stores to guard the health of employees, and a few in the employ of hotels and ocean steamers. On the whole, Germany had not, at the time this was written, utilised nurses in preventive work as fully as she might have done.

Among the nurses who have entered actively into fields of social reform none has stirred up more active controversy than Sister Henriette Arendt, who is known as the first woman in Germany to hold the position of *Polizeiassistentin*. A woman of rare sympathy, fearlessness, and energy, she has been described as one of the most striking figures of the modern woman movement. For a number of years at her post in Stuttgart, her vigorous altruism flew far beyond her prescribed duties, and voluntarily, in her free time, she followed trails which unearthed obscure forms of cruelty to and mistreatment of children. The societies existing for the protection of children took offence at her revelations, and when she made public her proofs that there was a genuine slave trade in children for immoral purposes which yearly swallowed up hundreds of little girls (usually illegitimate waifs), and that police departments and charitable societies were alike silent in its midst, bureaucratic dignity was outraged. She was officially ordered to cease her extra-official work. This was impossible to a woman of her temperament and impatience with slow, moderate ways of dealing with wrong, and her criticisms provoked counter personal criticism and recrimination. In the resulting clash of dispute, Sister Henriette resigned in order to devote herself wholly to the salvation of the children in whose cause she had enlisted, and undertook to support herself by lecturing and writing on her subject, making herself, meantime, responsible for several hundred rescued children. (By 1912, over 1200.)

A striking and picturesque accompaniment of the new movement in nursing is the wonderful growth of hospitals. Like magic, new hospitals of the most remarkable beauty are springing up in or near German cities, built like village colonies in parks and gardens, of immense extent, able to care for thousands of patients, of the most highly perfected details of architectural charm and fitness, meeting scientific demands for treatment, speaking the last word in inventions, apparatus, and labour-saving machinery, and, withal, showing a captivating attractiveness of ward interiors, bringing the whole force of combined beauty and usefulness to bear on the problem of treatment. These new hospitals will require hundreds of women, trained to the highest standards of the nursing art, to staff them properly. Great changes are already going on in them. An item in one of the daily papers for 1906 said of the Charité, which has been largely remodeled:

> A number of the Kaiserswerth deaconesses were recalled last year, and this year the rest have gone. The Sisters from the Clementina House in Hanover were the next to go. All the posts are now filled with Charité Sisters. The nursing is now unified [but with no nursing head!], and is directly under the control of the direc-

tors of the hospital, instead of being, as before, carried on by nurses from different institutions, each group being under the control of its own school.

So moves the world; but one must offer the tribute of a feeling of sadness to see the Kaiserswerth deaconesses leaving old Charité, where Mother Fliedner brought them long ago on her wedding trip. The hospital directors first tried an entire permanent staff; then, with ward Sisters, opened a training school. The educational standard complies with the registration act, but the school is not a model. Charité is distinct among German hospitals by its refusal to have a woman superintendent of nursing.

The most pressing problem to be worked out in these splendid new institutions is that of the proper organisation of the department of nursing. At present there is, in some quarters, chiefly among the authorities and their subordinate officials, a distinct unwillingness to give this department its proportionate share of importance and administrative power. Though, with the exception of Charité, the hospitals appoint Matrons, they do not give them their rightful position, nor do they secure for them a training and experience which will enable them always to handle and develop their work as Sister Hélène Meyer has been able, at Dortmund, to do.

The most serious individual problem facing the German nurse is, without a doubt, that of overwork. The saying sometimes heard, whose origin no one knows, that a nurse's working life is ten years, must have originated in central Europe. In 1903, Alfred von Lindheim, a member of the Austrian Parliament, published a book called *Saluti Ægrorum: Aufgabe* *und Bedeutung der Krankenpflege im modernen Staat.* In this he studies statistically the morbidity and mortality of nurses, finding the death-rate among them to be twice as high in Germany and Austria as that among other women of corresponding ages. Analysing his figures, he finds the highest mortality among the Catholic Sisters of Mercy. Some of these orders have from seventy to one hundred per cent. of deaths from tuberculosis. Taking all the Catholic nursing orders in the German-speaking countries together, he finds their average death-rate from tuberculosis to be sixty-three per cent. As youth is susceptible to overwork and infection, the mortality is so much greater in proportion as the Sisters are younger, and he states that nearly all the Catholic Sisters included in his inquiry died before they were fifty years of age (p. 165). He found the tables of sickness and disability astounding. For every one hundred Catholic Sisters the time lost through illness in one year amounted to something over 585 days (p. 178). He found the morbidity and mortality among deaconesses, Red Cross, and other secular nurses to be considerably less, yet, as many such women leave their orders, he considered that they were lost to statistical research and that, if they could be found, the actual percentage might be greater than his results. He gives four explanations of the high morbidity and mortality figures of the religious orders:

(1) Probationers are taken too young, and physical examinations are not rigid enough; they are often admitted with inherited disease or delicate physiques. His conclusion is that, solely on physiological

grounds, as a hygienic rule, women should not be admitted to hospital training before twenty-one or twenty-two years of age at the least. Below this, the danger to health increases in a ratio directly proportioned to the greater youthfulness. [This is a point that might well be noted by American lawmakers, who almost invariably dislike the age limit set for state examination and have in many instances reduced it by from one to three years from that originally set by nurses.] (2) Unhygienic conditions of living. (3) Stooped or cramped attitude and unhygienic dress. (4) Overwork and exhaustion. But, if German-speaking nurses, or the Sisters themselves, were to arrange these four points, they might properly alter their order and place overwork at the head of the list.

Von Lindheim's statistics have been followed by those begun under the auspices of the German Nurses' Association, which are the only recent ones extant. In the imperial insurance of Germany, nurses, as a whole, are not among those workers for whom it is compulsory. If they were, full statistics of morbidity and mortality would be kept by the state, but they are in the voluntary classes—those who may insure if they wish. (As a detail, most of the members of the German Nurses' Association do enter the state insurance.)

From the first, one of Sister Agnes's strongest wishes was to compile a census of health conditions among the nurses. This she finally accomplished after strenuous exertions. From her reports, which we cannot give in full, the following significant extracts are taken:

Those who, for a decade or more, have lived the life of the German trained nurse, and have worked with and for nurses, need no figures to tell them how it stands with the health of these women. The tragedies met in the day's experience, the letters received with their heart-rending stories, speak a language that moves and convinces, but that is spoken to us alone and is not meant for the public. In order to prove what we have often enough declared, and to bring about, for the reforms that we need, measures far more energetic than any we have had hitherto, statistical evidence is essential, and this has long been lacking.

Soon after our foundation, we began noting in the annual reports the state of health as well as the working efficiency of our members. It was a difficult task, as we early encountered the obstacle common to all statistical inquiry, namely, that many blanks remained unfilled. This has now been rectified in great measure by our by-law making failure to answer our *questionnaires* a reason for loss of membership in the association, and by the exercise of endless patience and manifold warnings. But these annual reports gave only a picture of the serious illnesses at the time being, not a general survey of the complete status of the Sisters' health. To show the latter in a really valuable form a longer period of time was needed, in order that greater numbers might be at our disposal. With the rapid growth of our membership, this has with corresponding rapidity become possible.

In January, 1909, we began an inquiry, and by the end of the year 2500 replies were in our hands, so that our statistical analysis could be begun. On account of the great mass of *questionnaires* to be worked over, we could not attempt sending back those that were incompletely filled out. For the future they shall be filled out by every new member upon admission, and so any gaps in answers be avoided. But will even such records give the whole truth? There lies a second serious obstacle to the statistical demonstration of this, the weightiest problem of our professional life. The Sisters will fear imperiling their acceptance into the association and their appointment to positions, and try to protect themselves by their answers. Nor can one always say with confidence how much of inaccuracy in reply is intentional. One must have lived with nurses for some time before realising that, while there are always those who complain readily of every little ailment, there are far more who will not yield even to serious illness until the last endurance of the will has been exhausted—who never think of their own health until it is too late, and who ignore or overlook in themselves symptoms whose seriousness they would instantly recognise in their patients.

There may be those who, after reading the following statistics, may assume that only in our association are things so bad, and who may accuse us of not caring properly for our members, in not providing work for them. However, as our association is only eight years old, and as its aim has been to gather together the self-dependent women in the nursing profession, rather than to bring new elements into it, it has been a nucleus for the union of all those women who, entering the work of nursing from the most different directions, have found themselves compelled sooner or later to stand upon their own feet. A number of the 2500 members, whose classified health records follow, had indeed been attached to several other institutions, as many of them had been in the profession for some years before joining us: 1535 have belonged to one other institution; 761 to two, and 204 to several others before entering our organisation. To specify more closely: 383 had been in deaconess houses, 653 under the Red Cross, 207 in the Diakonie Verein, 200 in the Victoria House, 706 in city hospitals, 142 in the Hamburg-Eppendorf Hospital, 748 in other institutions and associations, 122 in university hospitals, and 543 in nursing homes [for private duty]. (Many of our members still belong to one or another of these institutions, as a professional organisation is simply supplementary to them all.)

The conditions of health of the 2500 Sisters, then, with their different ages and varying length of time in the service, may be accepted as a fairly typical picture of the health conditions of all German nurses, here better, there worse, according to local conditions and the degree of care taken of them, the greater or less shortage of Sisters, and the sufficient or insufficient numbers of the working staffs.

When our organisation was founded it was well and clearly known to those who had been some years at work, that the health of German nurses was such as to give extraordinary cause for concern. For this reason our membership requirements have only called for "ability to work" instead of the "perfect health" that is always rightly required of probationers. It is greatly to be desired that, while the practice of nursing continues to be as dangerous to health as it now is, this requirement for probation should be more firmly enforced and maintained than is actually the case. Our first dealings were with those already in the work, and even though, since our foundation, we have directed an increasing number of applicants to various hospitals for training, nevertheless the responsibility of deciding the physical fitness of candidates rests not with us, but with the hospitals. The following report, in many places, calls for special attention to this point. Certainly the results it shows in this connection are astonishing.

Of the 2500 Sisters, 2423 state that at the time of their entrance into the nursing profession they were in the enjoyment of health and working energy to the full; 32 did not answer; 20 described their condition as "pretty good"; 4 had pulmonary weakness, 12 had weak hearts, 3 were neurotic, 6 had various serious ailments. Thus, among 2500 Sisters there were only 20 whose health was not quite perfect, and only 25 who were positively unhealthy, when they took up the calling. These, then, should have been withheld from entering it. It is possible that among the 32 who gave no answer some may have feared injuring their prospects by answering this question, and their number would increase the figures given. But it is by no means in accordance with facts that, among 2500 nurses, only 45 should have been unable to claim perfect health upon their entrance to nursing. The number of women of extremely defective health who, in spite of medical examination, are admitted to the profession is very much greater than this. Between the time of entrance into hospital and that of joining a professional association this number diminishes, so that the census of our members would give too favourable a picture of conditions, if the original conditions were not also considered in forming judgment. A considerable number of the least strong and well would naturally be dropped out during probation, but far too many would be retained because of the hospital's need of numbers, and would be taken along from year to year until they were entirely worn out. We had supposed heretofore that the share of this element, which had been unpromising from the outset, had been a larger one in weighting our burden. The figures that follow thus take on an added significance.

Hereditary tendency to disease is another point of much gravity. We inquired only as to tuberculosis and nervous disorders: 254 admitted the former, and 76 the latter, in their family history. However, among these only 46 cases of tuberculosis and 8 of nervous trouble have developed. 859 of our Sisters had had another occupation previous to nursing. To specify more closely, 62 had been married, while 627 had worked at one, and 116 at two other occupations. As, however, none of their other pursuits could be regarded as inimical to health, it seems unnecessary to consider them in further detail. The clearest light upon conditions of health is given by the table of the age of entrance into nursing. The admission of eighteen-year-old girls is not unusual, even though twenty is supposed to be the usual age. In our inquiry we found 3 who were admitted at 15 years; 13 at 16; 49 at 17; 563 between 18 and 20; and 940 between 21 and 25 years.

The age of 25 has been pronounced the most desirable by various authorities. In foreign countries, where good conditions are found, 22 and 23 are usual for admission. Therefore, when 1568 of 2500 Sisters began nursing before the 25th year, what follows need not surprise us. The query as to working efficiency is, to our regret, left unanswered by 125 Sisters. Of the remaining 2375, 1944, or 77.8 per cent., state that their working efficiency is unimpaired; 290, or 11.6 per cent., that it is impaired. Unfit to work are 141, or 5.6 per cent.; of these, 47 are absolutely unable to work, and in the case of 25 of them this will be a permanent condition; 94 are unable to work at times, and 3 have died since the questions were answered. Our table,[1] showing the age and the number

[1] How long nursing	No. of Sisters	Working efficiency unimpaired	Impaired	Fully incapable of work	Can work at times
1–5 yrs.	875	798	50	13	14
6–10	743	608	91	12	32
11–15	462	347	81	11	23
16–20	191	124	43	5	19
21–25	73	48	17	4	4
26–30	21	14	5	1	1
31–35	8	4	3		1
36–40					
41–45	2	1		1	

(125 made no answer to this question.)

of years at work, with the present degree of working efficiency, sets forth the condition of things most clearly.

From the statistical tables, which space does not permit giving in full, we find that overstrain has a bad pre-eminence—1050 nurses answered the question as to the exact time of its appearance. Among them, 277 were overstrained after one year; 180, after two years; 163, after three; 106, after four; 88, after five; 64, after six; 29, after seven; 30, after eight; 18, after nine; and 31, after ten. Then followed tables showing the relation of age to impaired efficiency, and the proportion of those fully unable to work, and those able to work at times.

So by the end of ten years' nursing 986 Sisters out of 1050 were overstrained, and upon reaching the age of thirty years 739 out of 1050 were overstrained. Rarely was the first overstrain repaired. Only too often did it constitute the starting-point of manifold ailments which were frequently scarcely noticed until they suddenly declared themselves in their full, perhaps fatal, might. Or, again, the constant effort to pull one's self together under chronic breakdowns means chains of painful suffering usually borne heroically in silence—for who wants a nurse who is not so strong that she may be leaned on wholly without thought? And yet nurses must not only support themselves, but even assist in, or assume outright, the support of relatives. The whole gamut of women's heroism is sounded in this, the noblest and most inspiring, but—in Germany—most cruel calling.

The Sisters describe their present state of health as: good, 1891; satisfactory, 161; poor, 149; variable, 20; not satisfactory, 43; bad, 16.

Others describe themselves as follows:

Worked-out and fatigued, 42; overstrained, 14; need vacation, 16; nervous, 28; ill, 27. From 93 no answer has come to this question.

That the Sisters do not estimate their health quite according to their working efficiency is evident from the fact that 1944 reported themselves fully equal to the performance of work, while only 1891 called their health good.

We attached special importance to the statement as to physical condition during the first year of work. This was unanswered by 141, or 6 per cent.; of the others, 1544, or 61.6 per cent., answered that they retained full working efficiency during the first year; 504, or 20 per cent., were temporarily overstrained; and 311, or 12.4 per cent., had illnesses. We inquired into attacks of illness with the following result: 959, or 38.4 per cent., had always been well; 741, or 29.6 per cent., had been ill once; 800, or 32 per cent., had been ill frequently.

After reading the foregoing one cannot be surprised that 280 of the Sisters admit having been refused by the private life-insurance companies. This number would be even greater, were it not that many have not applied, because of straitened circumstances or the high premiums required in late entrance. The number of accidents is surprisingly small and it is probable that only the serious ones were reported. It is also evident to those having intimate knowledge that mild forms of many other troubles have not been mentioned—as, for instance, slight cardiac neuroses, for otherwise our figure "80" for cardiac defects would not be nearly right. Cardiac disturbance is the rule among the elder Sisters.

While 1618 have not exceeded the tenth year of nursing service, there are 755 who have worked longer than that, some even up to the thirty-fifth year, and two have nursed for forty, though one of these two is now wholly incapable of work. The other still claims working efficiency, though no one else would agree with her. We were especially struck by the prevalent optimism, as we collected the reports of the physical condition of those who had entered hospitals before eighteen. Only ten of the sixty-five admitted unsatisfactory health. The others designated their health as "good," although we happened to know personally in the case of seven that they had serious troubles which threatened them menacingly. . . .

The very saddest chapter of our theme is our death-roll. . . . In all, thirty-five of our members have died, ten between the ages of twenty and thirty, after from one to five years of service; nine between thirty and forty, after from six to ten years; and eleven between forty and fifty, after from eleven to fifteen years of nursing. Among the causes of death were nine suicides. . . .

Of the mournfully high total of suicides it must be especially emphasised, that in no single instance did any love affair or recklessness enter as a complication, and in only one instance were there any domestic troubles other than illness. In some cases the cause was unmistakably acute insanity; in others, physical wreckage of one or another form, sometimes traceable to heredity, sometimes to physical exhaustion or illness. That we should continually find cases of alcoholism and morphinism among Sisters is not surprising. Those who, exhausted, must still keep on working, grasp at every straw of support, and pain, sleeplessness, or mental depression accounts often enough for the first step toward habit.

In regard to the considerable list of tuberculosis cases, it must be plainly stated that, taking into consideration the fact that nurses are so frequently undernourished and overworked, there is by no means enough care given to seeing that nurses placed in tuberculosis wards are not predisposed to this infection. An insufficient number of nurses is usually the cause of this criminal neglect.

How many of our 160 tuberculous Sisters must yet expiate it with their lives?

Remembering that an old medical chief in a Motherhouse who, for thirty years, had held a leading position once declared that fully one-third of the Sisters had cardiac disorders as the result of over-exertion, but that he was helpless to prevent it under the circumstances, we need not wonder at our six cases of heart disease.

Our association originally expected to reach not so much the younger generation as those of longer activity, to whom such an association would mean much as a support in the struggle for existence. But, although individual instances of prolonged nursing service occur, the number of those who remain long in the profession is so disproportionately low that the average working period for the 2500 Sisters is only eight years and six-tenths!

In our few years of existence we have gathered small sums for assistance in sickness and convalescence, but we need hundreds of thousands, yes, millions, in order to relieve adequately the distress hidden behind these figures. May the Sisters learn from what we have here set down; may the eyes of the public, the directors, the physicians be opened, that all of us together may help to make things right, but, above all, for the future, to PREVENT.[1]

Besides the burden of invalidism, German nurses are exposed to the menace of poverty, more, perhaps, than any other class of workers in the empire, because, so far, they have been left out of the elaborate social legislation which Germany has enacted to protect her people from want. This neglect is readily explained by the swiftness of the change in the nurse's position from a supported member of the Motherhouse family to a solitary worker. Its sharp lines and contrast to the state care expended for other workers, though keenly realised by nursing leaders, were only recently brought home squarely to the public by a very important contribution to social literature, a book[1] setting forth the whole present relation of German laws of all kinds—laws of contract, of hours of work, of insurance, of misdemeanours, etc.—to the nurse as a citizen, woman, and worker, and showing that she is now tied in a sort of legislative patchwork not framed with reference to her, and in which she has been caught, as it were, unintentionally.

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[1] *Unterm Lazaruskreuz*, May 15, 1910, gives the full report.

The story of this book's writing is especially interesting. Fräulein Reichel, while taking the course in a *Handels-Hochschule*, was required to prepare a thesis on "The Legal Status of the Nurse." She knew nothing whatever about it, but began visiting hospitals and nursing institutions to inform herself. However, she found an immediate obstacle in the *Schweigepflicht* rigidly imposed upon nurses in institutions, never to speak of any of the details of their work or training. This reticence, indeed, was so thoroughly impressed upon them that many suffered actual legal injustice on points as to which no law would compel them to silence. As the "free nurses" also were generally quite in the dark as to their legal status, Fräulein Reichel entered a training school as probationer, and worked through several institutions until she had acquainted herself with every detail of the information she was seeking. As she did not feel nursing to be her career, she did not finally enter the profession, but wrote her thesis in a style which makes it most valuable to nurses. "Except in the penal code," she says, "nurses have been forgotten by the lawmakers." And Sister Agnes asks: "How many of us knew, before this, that we too, as well as the midwives, stand, as a famous midwife has said, with regard to certain penalties, 'with one foot in the grave, and the other in prison'? "

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[1] *Der Dienstvertrag der Krankenpflegerinnen*, by Charlotte Reichel, Jena, 1910.

The absence of systematic provision for chronic invalidism is clearly shown. Fräulein Reichel found the general belief, that nurses belonging to Motherhouses were cared for under all circumstances, to be erroneous. At a notable meeting of women in Berlin, in February, 1911, she spoke on the findings of her investigations, emphasising the nurses' unprotected condition, the urgent need of a minimum standard of payment, and the extreme overwork—a fourteen-, fifteen-, even seventeen-hour day being frequent. Sister Agnes Karll followed with her story of the revelations of ill-health among nurses. She urged raising the age of admission to twenty-one, a more thorough physical examination, good and nutritious food in institutions, sufficient time for rest, a well-regulated night duty, and timely oversight of nurses to avert their physical and mental ills. She also pointed out an unanswerable proof of overwork in the excessive number of patients given to one nurse in hospital duty, usually from ten to twenty,[1]—rarely as low as five. Besides breaking down the nurse, such numbers make the best care of patients impossible. The audience of women listened in deepest sympathy. In the discussion, Fräulein Lüders spoke of nurses as "the pioneers of professional women workers," and as thus having special claim to aid and encouragement in their reforms. The meeting closed by passing a resolution offered by Fräulein Lischnewska, calling upon the state and federal governments to legislate for the protection of nurses according to modern ideas, and upon city governments to examine and so regulate the work of nurses in institutions as to secure their efficiency, their good health being a part of public hygiene. As a basis for such regulation, the resolution asked for an official investigation into the conditions of nursing.[1]

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[1] In the best London hospitals the average is one nurse to two or three patients.

This public meeting made some impression in high places, for, soon afterward, there appeared incidentally in a ministerial paper an order from the *Regierungspräsident* of Potsdam, von der Schulenburg, to the effect that in all hospitals belonging to his district, the work of female nurses shall be regulated so as not to exceed ten or ten and a half hours daily. This shows that the criticisms reached a mark. However, the comment added to this order, namely, "that the complaints of overwork uttered by nurses probably originate with those who are either physically unfit for their work, or who lack the spirit of renunciation," shows how little accurate knowledge exists as to the real state of affairs.

Sister Agnes believes that the next ten years will see the real development of German nursing. Official figures show a great increase in numbers. In 1895 the Imperial Register set the number of female nurses at 43,946; in 1907, at 74,986. As the growth of religious orders is not rapid, this signifies an active trend toward secular professional nursing. The total probably includes the attendants in asylums, indicating a high proportion of ill-educated and poorly-trained women. About twenty-six thousand in this total were Catholic Sisters; about twelve thousand were deaconesses; the Red Cross counted between three and four thousand; the German Nurses' Association three thousand, with numbers rising yearly.

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[1] *Unterm Lazaruskreuz*, March 1, 1911.

The National Council of Women of Germany, in 1911, numbered two hundred thousand, and they have set the nursing question on their calendar to receive unremitting attention and interest until the strengthening and upbuilding of the associations so sorely needed by the army of professional nurses shall have been completed, and the politico-economic emancipation, which they so urgently need and toward which they are bravely pressing, shall have been attained. In 1912 the International Council of Nurses' meeting in Cologne gave to view in high relief the strong womanhood, earnestness, and noble aims of the German Sisters, and here Herr *Regierungs u. Medizinalrath* Dr. H. Hecker, of Strassburg, read a paper on Overstrain among Nurses so weighty in its conclusions that its influence must prove epoch-making for reforms.

CHAPTER II

OUTLINES OF PIONEER WORK IN SWITZERLAND, HOLLAND, AND BELGIUM

Switzerland.—The first training school on the continent founded on "free" principles was that of La Source in 1859 at Lausanne, Switzerland. It was the creation of Mme. de Gasparin—who bequeathed a large sum for its maintenance—and her husband, and by its charter was named "The Normal Evangelical School for Free Nurses." Though it was not strictly secular, springing, as it did, fr m deeply devout motives, it was intended to offer serious-minded women an alternative to the religious orders, with which the ardent protestantism of Mme. de Gasparin was not in sympathy. Its founders refused to exact celibacy from the candidates, to impose a religious dress, or to use the title "Sister," while they emphasised their advanced economic views by making the nurses individually free as soon as they had taken their course, and by insisting on the honourable quality of work done for wages, and on the nurse's right to enjoy her whole earnings and direct her own career. This unusually free and bold attitude made this school to the continent of Europe what Mrs. Fry's was to England,[1] but it long remained even more elementary on the professional side, as for a number of years it had no hospital training, but taught its pupils in out-patient work and in private duty. In 1891, under the direction of a physician, Dr. M. Krafft, some hospital service began to develop in a small way, and will doubtless grow. Good theoretical instruction is given, but "training" as understood in professional schools does not exist, nor are the pupils well prepared for executive posts.

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[1] *History of Nursing*, Vol. II., p. 73.

La Source may justly pride itself on the number of women of exceptional distinction of character and ability who have come to it, and they, in turn, cherish closely the high ethical ideal upon which the school was founded, and believe in its free constitution. Its pupils are carefully chosen, about two-thirds being well educated, whereas in some Swiss training schools uneducated women seem to be preferred. A visitor, meeting the pupils in training at La Source in 1910, was impressed with the admirable personalities and superior types of the women she saw there. If the school is meant to live up to the traditions of its origin it will develop on the lines of the Bordeaux nursing movement; amplify the Matron's position, give up undergraduate private duty, and grade the practical work.

There is a training school in Berne, under the Red Cross, founded in 1899, and one in Zurich, managed by the Society of Swiss Women, founded in 1901, the former giving two years' and the latter three years' training. These institutions have formed an association of nurses, but it is wholly under medical control, and organisation in Switzerland may be said to be in a state of rigid formalism, the nurses not yet showing initiative or leadership among themselves. There are also deaconess Motherhouses, whose members are found in many hospitals, hardworking as always, and doing beautiful work, finished, conscientious, and thorough.

There is another secular training school attached to an institute of many interesting characteristics, namely, that of a Catholic order of nuns at Ingenbohl. This order is young, founded about sixty years ago, and is presided over at Ingenbohl by a Mother Superior of a splendid type, cordial and frank, intensely alive and keen. Both teaching and nursing are well established, the latter in a good hospital of eighty beds, and the teaching Sisters all take the nurses' course so that they may continue to hold the theoretical work in their hands. The nursing methods are modern and excellent, and the secular pupils are not overworked. Both nuns and nurses carry on their studies and prayers as much as possible in the beautiful garden of the institute. The Ingenbohl nuns first opened, in Switzerland, the question of state registration, as many of their Sisters worked in Germany and felt the influence of the German act. They are cordial and responsive to the international idea, and may be rightly regarded as a centre of ardent and zealous progressiveness in nursing education.

Switzerland has many fine hospitals, well managed, and, in the main, well nursed, though it is obvious that, in some of them, overwork is the rule for the nursing staff.

The example and influence of the German Nurses' Association seem likely to guide or colour, unconsciously, the future of at least the German-speaking Swiss nurses, while on their French and Italian borders, too, the tide is rising which will some day reach them, within the high walls of the mountains of their country, and bring them into closer relations with the world outside. Perhaps already, in their deaconess orders, they have felt the influence of that country which gave pastor Fliedner his first glimpse of women working as in the primitive church, to which we next turn.

Holland.—About fifty years ago [wrote one of the honoured pioneers of the elder and more conservative group of educated nurses of Holland, Mej. C. A. La Bastide Baarslag], sick nursing in Holland was chiefly the task of religious corporations, especially of Roman Catholic orders. The Brothers of St. Johannes de Deo have for more than four centuries devoted themselves to the care of their suffering fellow-members, and a great number of nursing sisterhoods are also of very ancient date. Not until the year 1830, did there arise in Protestant hearts the ardent desire to bring aid and comfort to their sick fellow-men, and the Protestant deaconesses took up this work of charity. In 1843, the first house of deaconesses in Holland, that at Utrecht, was opened, being in the course of time followed by many other institutions of that kind throughout our whole country. Some of these deaconess houses are affiliated with the Kaiserswerth Association, such as the Arnhem Home, founded in 1884, and at present supervised by our well-known Mother Van Ness. In all these institutions patients are nursed, paying different fees according to their financial condition. Besides the care of such patients, the Sisters devote themselves to district nursing.

In recent years we have also developed several private societies for district nursing, free from any religious bias, but founded on the broad principle of human solidarity. Of these I will mention two, especially: that at Rotterdam originally established by the Dutch Protestant Society, but at present on a distinct basis; the Amsterdam Society for District Nursing, and that at The Hague, both societies sending out visiting nurses. The patients, who are divided into different classes according to their social state, pay for every visit at a fixed rate. The poor are aided and comforted by the Sisters and are free from any expense at all. The nurses have a fixed salary.

A number of institutions send out nurses for private duty; such are the section for nursing of the Association of the White Cross, the Haarlem Nursing Association, and others. Nurses belonging to these institutions receive a fixed salary (the patients' fees going to the association), but nurses preferring to work independently (the largest number do so) receive their own full fees. Nearly every town in our country has its own communal hospital, and the care of the sick is becoming an ever greater subject of public interest. Besides these city hospitals, where the poor are nursed, there are a great many private and special hospitals.

Devotion and love are indispensable qualities in a nurse, but they are not all. A really good nurse cannot dispense with knowledge; she must be trained in the art of nursing the sick. And in this regard we have made great progress in Holland during the last twenty-five years and more. The standard of nursing has been raised, and the nurse of now-a-days is quite another being from the one of a quarter of a century ago. The nurse of that time—if we may call her such—was a perfect specimen of the Sairey Gamp type, so wonderfully immortalised by Dickens. To Miss Reynvaan, late Matron of the Wilhelmina Hospital, and honorary member of the Matrons' Council of Great Britain and Ireland, belongs the honour of having first brought about a thorough reorganisation in the nursing world. It was she who felt the urgent need of efficient nursing by well-bred women, and she herself set the example. Belonging to a patrician Amsterdam family, she devoted herself to nursing work. Her task of matron in the Buiten-Gasthuis (now the Wilhelmina), one of the two public hospitals of that city, was a difficult one, but she did not despair, and with the aid of Dr. Van Deventer, at that time medical superintendent, she attained her noble aim. The male and female Sairey Gamps were superseded by a more competent nursing staff. Inspired by her words and deeds a great number of well-bred and intellectually developed women took up nursing work and gradually there came a blessed change in the condition of things. She has been a noble pioneer on the path leading to the elevation of nursing. The need of a special training in nursing was more and more clearly realised, and also the truth, that theoretical knowledge without practical experience was not enough. For this reason certain hospitals offered the opportunity for a thorough training, the passing of an examination, and the attainment of a certificate. The first certificate for nursing was given in 1879 by the Society of the White Cross. Since that time the number of hospitals and societies that grant certificates has largely increased.

We urgently want state registration and fervently hope that the new century will fulfil this righteous desire in a not too far-off future. In the meantime, the Dutch Association for Sick-nursing (*de Nederlandsche Bond voor Ziekenverpleging*), founded in 1892, whose rules and by-laws have recently been revised, proposes to evolve some order out of the present chaos, and to introduce more uniformity and co-operation with regard to training and examinations. The different hospitals and associations for nursing make different demands upon the candidates who are desirous of passing examination; a three years' training in one of our large hospitals is generally required, though some of our institutions still think that two years are sufficient. The curriculum, though not quite the same everywhere, contains generally the following branches: Some study of anatomy and physiology; the nursing of internal, infectious, and neurological diseases; the nursing of surgical cases, including some knowledge of the treatment of wounds and of first aid; the care of lying-in-women and the new-born; some study of hygiene, ventilation, feeding, disinfection, bathing, sick-room comfort, etc. Special certificates are given by certain associations for obstetrical nursing and the nursing of the insane. The probationers in the hospitals do not pay for their training but, as a return for the duties performed by them in the wards, they receive a small salary and their living expenses. In most hospitals we find, next to the medical superintendent, a Matron, who is especially charged with the control of the Sisters. [In small hospitals one person sometimes combines the duties of superintendent and matron, as in the United States.]

The following conclusions were accepted as principles by the medical superintendents and Matrons of our principal hospitals, as the result of an inquiry made in 1898. "Patients should not be left to the care of untrained women either by day or night; day duty for the nurses shall not exceed twelve hours after deducting the time needed for meals; day nurses should have an undisturbed night's rest of at least seven hours; night nurses shall perform no day work; every nurse shall have one holiday every fortnight and one evening off duty; half an hour should be allowed for breakfast and supper, and one hour for dinner; nurses should have at least two weeks' holiday and head nurses three weeks' holiday each year; hospitals should pay the nurses' insurance fees for sickness and accident."[1]

[1] Trans. Int. Cong. of Nurses, Buffalo, 1901.

The *Bond*, whose resolutions are thus set forth, has a mixed membership. Only a small number of its members are nurses, the large majority being physicians, directors of hospitals, and Matrons. It has also some membership among laymen, philanthropic societies, etc., and it publishes a journal called the *Maandblad voor Ziekenverpleging*. Excellent as are, without doubt, the motives and aims of the nurses and Matrons on the *Bond*, it has not, from the point of view of the working nurses, been an actively useful body. In 1910, most of the points covered in the resolutions just quoted are still but imperfectly attained. Those who know how to read between the lines of these resolutions can readily see that they pointed to an existing order of things that was full of abuses. It is quite clear from them that patients were being nursed at night by untrained women; that day duty exceeded twelve hours, not including meal-times; that many nurses were not having as much as seven hours' sleep; that night nurses were working by day; that nurses had practically no time off, no half-days, no holidays, nor sufficient time to eat their meals. Were these things not so, there would have been no reason for the resolutions. But even yet many hospitals place six-weeks' probationers on night duty; hours are still too long, even though some improvements have been made.

Especially is it to be noted that the Matrons, part of whose duty it is to look after the Sisters, do not do so. The reason they do not, is because no real authority is given them; such as they have, is merely delegated by the directors, subject to immediate withdrawal unless they observe a submissive and subordinate attitude in all things. The mixed membership of the *Bond*, though it may have been planned to give full play and interplay to the various elements there represented, does not in the very least voice the needs and aspirations of the nurses, but only acts as a buffer against free expression and progress on their part. The influence of the hospital authorities predominates in the association, and even the Matrons have only the passive rôle assigned them of seeming to share in discussions and motions which are, in reality, settled as the financial or commercial or professional aspects of hospital industrialism dictate.

The *Bond* has so completely dominated the situation that, even though there is in Holland an association of nursing directresses or matrons, this body has been singularly uninfluential in nursing matters. In this respect it is in striking contrast to the British and American societies of heads of training schools, which have consistently assumed a foremost place in voicing the professional needs of nurses and in upholding their human rights. It may be said that in Great Britain and America the organised Matrons have always led, followed and trusted by the nurses; in Holland the nurses have led, while the Matrons have remained in the background, afraid to assert themselves against the hospital directors. The *Bond* is really a clearing-house where compromises made necessary by the business circumstances of the various hospitals and institutions are agreed upon; it is not at all a truly educational or professional body, nor is it a highly ethical one. It is a characteristic example of that form of organisation that is commended and encouraged by employers who are secretly unwilling to permit independent self-governing organisation to arise among workers, especially when the latter are women, The estimate of the *Bond* held by thoughtful and altruistic women in the nursing profession of Holland is indicated in the following quotation.

> The *Bond* was founded with the purpose of elevating nursing—it tried to do this by bringing into the hospitals young women who wished to have some useful profession, and putting them into the places of the former attendants who had been of the lowest orders of society. Full of ambition, this new element of well-bred young women went to work, but for a great many the task soon proved too heavy, for the directors of the hospitals, nearly all of whom are members of the *Bond*, did not realise that it was impossible to let those nurses perform the same heavy manual labour that had formerly been done by the attendants. Some theoretical lessons were indeed given, for it was admitted that nursing meant something more than devotion and deftness, but those lessons, given at the end of a long, exhausting working day, were of little practical use. The directors did not perceive that the nurses needed more comfort, a better training, more spare time, and less exhausting manual labour. They did not understand that their pupils wanted to learn nursing in the true sense of the word, that they wanted to have time to solace their patients and make them comfortable, to give them all those small cares that sick persons appreciate so much. As matters stood then the best nurse was the one who did her manual work best. The directors trained good hospital attendants, but not nurses.
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> The results were that after some years the numbers of desirable young women applying diminished, and such women sought other, less exhausting, occupations. They

saw too many nurses being quite broken down after a few years of hospital work or private duty. Some recovered their health after a long rest; others still suffer from the overstrain. There were then some among the nurses, women who sincerely loved their profession, who perceived that this tendency must be checked and the state of things altered, if nursing was to be prevented from falling back again into the hands of uneducated and vulgar women, It was seen that it was high time to found an association to combat and reform many existing abuses, and it was felt that it must publish its own paper in which to discuss ways and means of obtaining those desirable and necessary reforms. For, before 1900, the editors of the *Maandblad* were not inclined to allow nurses who had an opinion of their own to have their say in that paper. Nowadays, through the force of circumstances, matters have changed, but being in the minority in the meetings of the *Bond*, nurses have not much influence and dare not speak openly there.

In May, 1900, a first meeting was held by some liberal-minded nurses and physicians, when the outlines and form of an association were decided upon. This association, now established under the name of *Nosokomos*, takes only nurses (men as well as women) into full membership. Only nurses have a right to vote, or sit on the governing board. The physicians who at first assisted with the work of editing our journal withdrew when it was well under way, and it is now edited by nurses.

Nosokomos owes its inception and the marked influence it has exerted in the nursing world to the splendid woman who was, until 1909, its leader. Miss E. J. van Stockum began her nursing career in 1893, in the Hospital for Children in Rotterdam:

It was during her training that she first realised how incomplete was the system of nursing education, how many abuses called for reform, what an absolute want of solidarity there was among nurses. She felt that, as much in the interests of the patients as in that of the nurses, the latter's servile attitude toward the directors of the hospital should change, that they should protest openly against the long working hours, and excessive rough work, and, above all, that they should be protected against the unfair competition of those who were badly trained, or even in some cases without any training at all. In 1896, she married Dr. Aletrino, who, equally with herself, was a warm champion of justice and progress. The original plan of uniting the nurses together in one association was theirs.

At the first meeting on the 30th of May, 1900, nearly thirty responded to the summons of Mrs. Aletrino and two of her co-workers, Miss B. van Mems and Mrs. van Regteren Altena. It was Mrs. Aletrino's aim to arouse in the nurses a feeling of self-reliance and pride, to make them see that they themselves, bound closely together, had to make a stand for their own interests—that they should not leave that to others. She was particularly well fitted for the task she set herself. Her fine intellect, broad views, warm sympathies, her willingness to help, but especially the confidence she inspired, marked her out as a born leader and wise counsellor for all who came to her for consolation and help in their troubles. Until 1909, her husband being her ever faithful co-adjutor, Mrs. Aletrino devoted all her time and strength to the association, which, in June, 1910, numbered some 700 members. Together (she first as secretary, afterwards as president, and he as editor-in-chief of the *Journal*) they built up a powerful self-governing nurses' organisation. Together they conducted the campaign to obtain better conditions, so that it may be possible for well-educated women to choose nursing as a profession, without fearing to have their health, if not irreparably injured, at least perhaps seriously impaired after a few years' service. It is mainly owing to their intelligent leadership and immense working power that many abuses have now disappeared, and that great questions, such as uniform training, preparatory teaching, state examination, etc., are being considered, not only in the small nursing world, but also in the wider one of the general public.[1]

Another woman of unusual gifts of discernment and devotion gave herself to the cause of advancing the educational and ethical status of nurses, namely, Miss J. C. Van Lanschot Hubrecht, for a long time the secretary of the association. She had begun her nursing career in 1890, in the Hospital for Children in Amsterdam. After some three years there, she had a serious breakdown, and afterwards was only able to do private duty for short periods at a time. Coming back to Amsterdam to live, in 1904, she was elected a member of the executive board of *Nosokomos*, and became secretary in 1905. She soon formed a warm friendship with Mrs. Aletrino and her husband, and under their stimulating influence gave herself wholly, with deep enthusiasm, to the work of the association, seeing in it a part of the great cause of human progress through uplift of the workers and especially of women. They met the usual obstacles.

> During the existence of Nosokomos [wrote Miss Hubrecht], we have had many difficulties and encountered much opposition from physicians and hospital directors, some of whom have forbidden the nurses on their staffs to

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[1] *British Journal of Nursing*, Oct. 26, 1907, and other sources.

become members of the association. They do not allow their nurses independent action or the right to take care of their own interests. Every improvement must be a favour from the director, to be obtained by a very humble request. Although improvements in the physical conditions of hospitals took place, the deficiencies in careful training persisted, and were the more evident as medicine by no means stood still, but advanced with a rapidity unequalled at any former time of the present civilisation.

Miss Hubrecht points out the strange inconsistency of hospital directors in the following description:

> The probationer is not considered as a student to be taught . . . she only learns how to do the hospital work—she is not taught the full extent of her calling: . . . yet the diploma certifies her as capable of nursing all cases and affirms her competency as a good nurse. But, when she seeks a permanent position, she meets a strange and unexpected rebuff; the same authorities who graduated her may now answer inquiries about her by statements quite at variance with the text of her certificate, and she may learn that she has not the knowledge necessary for the work which she solicits. The explanation of this riddle is simple. . . . These diplomas, which should be testimonials of capacity, are distributed with incredible carelessness. Every hospital may arrogate to itself the right to give diplomas and badges. Women, badly trained or not at all, take advantage of this confusion. . . . Some months ago, the *Bond* passed a deplorably reactionary measure providing that it need no longer be necessary to spend three years in a general hospital of not less than forty beds, but that a committee appointed by the *Bond* shall be competent to decide whether this or that special hospital, or such and such a small one,

may be regarded as a training school, the decision to be arrived at by the whole number of days spent by patients in the little place, and the variety of diseases admitted. Thus at one stroke the whole principle of a general hospital training is swept away. The reason of this deplorable decision is not far to seek. It is simply that one must defer to the managers of the small hospitals, who by this arrangement are able to secure the necessary personnel most cheaply. . . .[1]

I have spoken of our lack of systematic instruction; whose fault is this? Primarily it is that of the Matrons, and next that of the nurses themselves, who, too often indifferent and apathetic, lacking in social sentiment and solidarity, submit to this state of things, . . . Our Holland Matrons have an association, but it is not active, nor does it take part in the solution of burning questions; its members do not seem to realise that it is their part to put themselves at the head of the reform movement and by their words and acts point out the way to elevate and advance the profession.

Yet the demands made by *Nosokomos* were and are very reasonable. It wants a better and more thorough training; a more practical distribution of the hours for work and study; shorter hours of work; state regulation of training schools, with examination. *Nosokomos* wants the nurses to be independent of all philanthropic aid; to make it possible for them to take care of themselves in illness, accident, and old age; it wants nurses to be really fitted for their work by improving their conditions of life and by giving them a thorough preparation for it.

The strife the young association had to carry on from the outset did not harm it. It made it strong and self-reliant, so that those progressive physicians who, in the beginning, had helped with its affairs have now withdrawn. This struggle has also brought to light many abuses, which have been rectified after being published and discussed. Now that it has attained a secure position, its aim is to work more faithfully than ever for the attainment of our ideals. We wish to make the nurse, by her knowledge and experience, her devotion and tact, a real help to the physician; one to whom he can entrust his patient with the fullest feeling of security. We wish to develop in nurses those qualities which will make them real nurses—welcome at the bedside not only because of their sympathy, but because of the broad and thorough training which makes them a real support to patient and family. We wish to have special courses for superintendents, matrons, district and private nurses, to perfect them in the careers they may desire to follow after their three years of training. We wish the training and examination to be regulated by law, with the view of obtaining more uniformity. Now every hospital can give its nurses what training it chooses. We wish also to have opportunities for experience in all the lines of social and preventive work which will soon be as much the nurses' sphere as actual nursing is at present. The great merit of *Nosokomos* lies in the influence it has had on all matters relative to the education of nurses and the conditions under which they work. Through its exertions, its bold and open discussion of all abuses, and pointing to the way of reformation, much improvement has come about.

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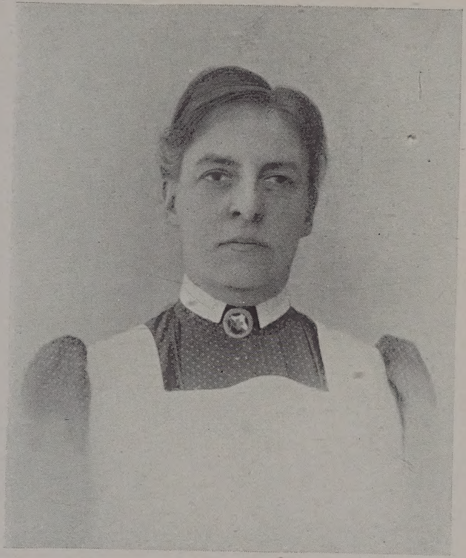
[1] *Reports*, International Conference of Nurses, Paris, 1907.

Nosokomos was indeed a militant publication. For years, it fearlessly attacked every stronghold of power and privilege as related to the world and work of nursing. It stood with the *British Journal of Nursing* and *La Garde-Malade Hospitalière* in its self-imposed mission of combat against the mercenary and undemocratic order which retarded the advance of women workers. It never allowed an issue to pass; it never overlooked a detail; week by week local and national issues were held up for scrutiny and criticism. It sometimes seemed, to foreign observers, as if its pugnacity must antagonise those who might otherwise be friends, but this surmise was baseless, for no amount of soft speaking would have been of use, as Dr. and Mrs. Aletrino well knew.

The steps taken by the Holland association toward state registration have been recorded for us in chronological order by Miss Hubrecht.

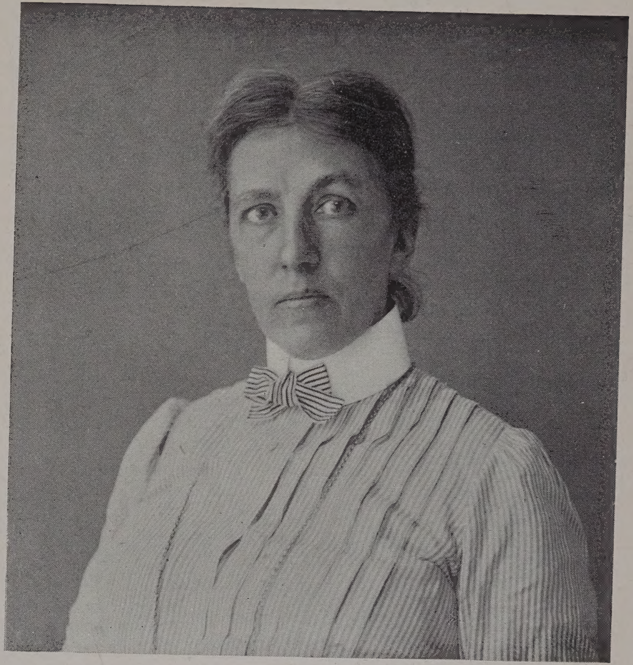
In September, 1907, the executive committee of *Nosokomos* sent in a petition to the government asking for state registration. Our reasons were set forth in full, as published in the *British Journal of Nursing*, March 14 and 28, 1908. In December, 1907, a second petition was sent, this time addressed to the second chamber of the House of Parliament, with the view of explaining still more fully, and with many illustrations, why state registration is urgently needed. The government sent out documents to the Central Health Department asking for advice. This board resolved to institute an inquiry as to the training of nurses in hospitals and asylums. A very extensive *questionnaire* was made up, bearing upon preliminary training, the number of probationers and certified nurses in every hospital and asylum, the working hours, etc.

Mrs. Aletrino was called upon for information in this inquiry, but, up to the end of 1910, the Department of Health neither published the results of its investigation nor gave its opinion upon state registration.



Miss C. J. Tilanus

Late President, Dutch Nurses' Association



Miss J. C. van Lanschot Hubrecht

President, Dutch Nurses' Association

In February, 1909, *Nosokomos* published in pamphlet form the two addresses which it had made in 1907 to the government, and sent a copy to every physician in Holland, enclosing a post-card and asking for an expression of opinion as to the desirability of state registration for nurses. The result was on the whole very gratifying; one-fourth of all the medical men of Holland declared themselves in favour of it. Only ninety-one went on record as opposed, while the others did not answer at all. In April, 1909, the Association of Medical Superintendents of Hospitals and Asylums sent an address to the government protesting against state registration, on the plea that it was not necessary, and was not even desired. The arguments were the same as everywhere else: that nursing is a work of love and devotion for which no fixed rules can be made; that character cannot be registered; that the present state of affairs is satisfactory and matters constantly improving under private initiative, etc. This association had, in 1901, declared state registration to be urgently needed; but now, for some unknown reason, they had changed their minds. In September, 1909, three petitions were sent in, all in favour of state registration: one by the Roman Catholic Association for the Promotion of Nursing, one by *Nosokomos*, and one by the League of Male Nurses.

During this campaign a number of pamphlets were written, and Miss Hubrecht published a book dealing with the whole subject.

The outlook at time of writing was not very hopeful. The conservative, calvinistic ministry of 1911 was not favourable to state registration. The boards of the deaconess associations and other groups of religious nursing orders, whose influence with the present government is strong, were absolutely opposed to it. With them the idea prevails that nurses should not be economically independent women, controlling their own lives, but must live together as one flock with a shepherd. Though trained, they receive no certificates, being thus kept in more complete dependence upon their Motherhouses.

Another group in opposition has been spoken of, namely, the hospital and asylum superintendents. They do not relish the idea of state control and state intervention in their ways of managing their institutions and the training of their nurses.

Another difficulty in the realisation of our wishes is the fact that nursing is, as yet, hardly held to be a profession. The individual nurse will, in most cases, meet with consideration and a courteous demeanour from the physician, but as a group of persons, as a class, they are still largely regarded and given much the same place as the servant-attendants of former times. The doctors see in the nurses not their assistants and equals, but their inferiors. I am of the opinion that for this reason many physicians oppose state registration. We say it will elevate the profession; many of them do not wish it to be elevated.

I am convinced that there is a deep-lying connection between the economic dependence of women and the lack of consideration that nursing, as a profession, receives,—the unsatisfactory conditions under which we, as nurses, are living. Our nurses, even more than other women, are, by reason of their isolated lives, inclined to submissiveness, and to an apathetic acceptance of bad conditions. They are not conscious of solidarity; they do not understand the meaning of that word. They do not realise the great social strength of unity; they do not seek in co-operation the means to alter present conditions. They still harbour the mistaken and unwholesome idea that a good nurse should sacrifice her life, as do the nuns and deaconesses, forgetting that the nuns and deaconesses are taken care of throughout their whole lives, and that their doctrine of work done from motives of love only is a sham, since they get their payment in the form of lodging, clothing, food, and care in sickness and old age:—forgetting, too, that the woman whose life is well poised, who gives freely of her love and strength to her fellow-creatures—to society—but without squandering her vigour, is more useful than the woman who exhausts her forces in a few years, only to become a burden for the rest of her life. . . . In conclusion, we want to point out that, whereas the nursing profession is not, as the medical profession, under state control, many persons, especially in the large towns, often use the nurses' uniform for immoral purposes. They are alternately nurse and prostitute, hence the terrible risk of infecting their patients with their own infectious diseases, to say nothing of the damage done to the good name of the profession.

For the nurses who do not belong to any religious association, the working hours are also very long; they live out of the world; nothing is done to awaken their interest beyond nursing; no provision is made for them in time of illness or old age.

The nurses' question is inherent in the whole woman's question, but as long as they hold aloof on the pretence that the very character of their work forbids them to act as other women and obliges them to sacrifice all rightful claims, it will be difficult to obtain any improvements. Only political and economic enfranchisement can be the lever to arouse them;—to make them realise how much broader and nobler their life can be, once out of the narrow groove in which it is at present running.[1]

At last, in 1911, the special committee appointed by the Board of Health from its members, in response to the request of *Nosokomos*, made its report. Three and a half years had gone by, and the nurses suspected that the task had been an uncongenial one. The report was negative and lukewarm.

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[1] Letter from Miss Hubrecht to the editor.

The committee began its work by instituting an inquiry as to the conditions in the hospitals and training schools in regard to working hours, preliminary teaching, training and examinations, sending out a long *questionnaire* to . . . all hospitals, asylums, and nursing homes in the country.

In this way much valuable information was gathered. In the report the committee first gives its opinion on the most important questions pertaining to nursing education, and concludes with expressing some advice as to necessary reforms. But this advice is very disappointing. It is true that the desirability of some control of the examinations is advised, that certain gaps in the training are admitted, and that the wish to remedy these is expressed, but all is done in such a hesitating way, and is interspersed with so much flattery for the *Nederlandsche Bond voor Ziekenverpleging*, that . . . it is most difficult to know the real opinion of the committee, for every time it points out some fault, or proposes some improvement, it recedes quickly, as if saying, "tout est pour le mieux dans le meilleur des mondes." . . .

It was a great disappointment to perceive that the committee took sides with the medical superintendents and Matrons, and considered the matter from the point of view of what kind of training is necessary for hospital service, instead of taking the broader view. The inquiry proved: (1) That a preliminary training is given hardly anywhere; (2) that there is no uniformity in the conditions of admission of probationers to the training schools;

(3) that there is no uniformity in training; (4) that there is no uniformity in the examinations.

Of course, all hospitals insist on good health and good morals as the first condition for admission to their training schools. As to previous education, some hospitals desire the certificate of a higher school; most think the instruction given at a primary school sufficient, and a few do not even ask as much as that. To anyone knowing that in Holland children leave the primary school in their twelfth year, it is evident that the committee has made a great mistake in declaring that the primary standard of education is sufficient for a nurse. It shows so clearly in what a low estimate nursing is held by the authorities—how it is in their eyes no more than an industry which any uneducated person can exercise.

The inquiry brought to light the sad lack of uniformity in the practical training; every hospital has its own views upon the matter and acts accordingly, no matter whether that training is sufficient to fit the nurse for her future career or not.

. . . The committee is of the opinion that the present training is sufficient; that there is no need of a state certificate to protect the profession . . . it thinks that the presence of a deputy of the government at examinations will mend all matters.

The committee suggests a few improvements in regard to nurses' homes, salaries, and long working hours. But, in all these matters, the fact that any improvement will cost much money is put forward so strongly that we shall not be surprised if the Minister receives the impression that the matter is too unimportant to spend money on. . . . "Shorter working hours" is at this moment a burning question in our nursing world. One of our university professors made a speech on the subject which roused much indignation among the nurses. The gist of it was that hours are not too long. Probationers must realise that they can only learn their profession by working for long hours, which is synonymous with long days in which to learn. They can only show their love of and devotion to nursing by working long and hard. It is true that many of them are overtired and look ill; but there the parents who allowed them to become probationers are at fault. Is not that excellent logic?

Our Matrons' Council adopted some resolutions at its general meeting last spring, where the same things were said.

And then seeing those young women who are the victims of such narrow reasoning, one feels sad. All nursing work seems so useless when, in nursing patients back to health, the nurses become patients in their turn. What profit is that to society?[1]

As we write, nursing education in Holland seems to be stationary, but the nurses are strengthening their organisation. Miss Hubrecht, president of Nosokomos for 1912, has succeeded in bringing the society to open headquarters and unite all its work under an office secretary, and has further founded a large and active Society for State Registration, composed of laymen and professionals. Finally, the leading nurses are supporting the woman suffrage movement as fundamental to changed conditions of education or of work for women.

Belgium.—In 1909, for the first time, a general outline of modern nursing conditions in Belgium was heard by nurses from other countries, to whom the Belgian nursing field had been, before, almost unknown territory. It was read by Miss Cavell, who was herself the English Matron she mentions, and ran as follows:

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[1] *British Journal of Nursing*, Sept. 2, 1911, p. 195.

> Nursing in Belgium, though still much behind that of England, Holland, and other countries, has made some progress in the last two or three years. A desire is evident in many quarters to supersede the present ignorant and blundering methods by enlightened and up-to-date work. The first attempt to alter the existing state of things was made by Dr. Depolpe, who instituted lectures for lay nurses twenty years ago. They were given twice a week, and included a few practical demonstrations. The pupils were not attached to a hospital, and they had, and have, no actual practical work. The school is still carried on under the same conditions, directed by Mme. Doequia.
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> The hospitals in Belgium are staffed by nuns or by lay nurses, the greater part of whom are peasants taken directly from the fields, without any training or instruction. Where the nuns are in charge, much of the rough and unpleasant work is done by lay nurses, who are no better than low-class servants. An attempt has been made at the Hôpital St. Jean to form a regular training school. At first the few probationers recruited were instructed entirely by doctors. After a time the need of a trained Matron was felt, and one was placed at the head. Unfortunately, the difficulties put in her way were many, and I believe the school is at present almost non-existent.
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> A mental hospital exists near Brussels, at the Fort Jaco at Uccle, where about forty pupils, mostly Dutch women, are trained under the able direction of Dr. Ley and a Dutch Sister. The probationers receive lectures in the usual subjects, and also some general instruction in other branches bearing on their work. They pass

examinations and receive certificates, including one for mental work. All the pupils are resident within the school, a condition unfortunately not general in the country.

The only school which exactly answers to the conditions of training in England is the École Belge d'Infirmières Diplomées, generally known as the School of the Rue de la Culture. This school has been open since October 1, 1907, and has now [1909] thirteen pupils. It was founded by a committee of doctors and others anxious to improve nursing, to open a new career to Belgian girls of good education, and to train new aids in the cause of science. An English Matron was engaged to open it, and four pupils formed the first recruits. After two months' trial, the probationers sign a contract for five years. The first year is passed in a clinic attached to the school, where medical cases are received and lectures given; the second in a surgical clinic, where the lectures are continued; in the third we hope to give the pupils experience in infectious work or in the nursing of children. A great point is made of discipline and character, and the pupils have given proof of much devotion and loyalty.

At Antwerp a certain number of pupils are received at the hospital under the direction of Dr. Sano. They are not obliged to live in the hospital, and they have no Matron. Lectures are given each evening, and examinations are held for the diploma. Liège, Gand, and Anderlèche are also anxious to establish training schools, and there is one at Mons which at present is not definitely organised.

In 1908, state registration was inaugurated, and a certificate is now given to all men and women who pass the government examination. This certificate can be gained by following certain lectures during one year—practical work is not obligatory. An examination is also held for a diploma in mental nursing. The state certificate shows the erroneous ideas of nursing held in our country. The conditions for obtaining it will have to be much altered as the work advances.[1]

The government examination, which, elementary as it is, demonstrates the modern tendency in nursing, was brought about by royal edict, this, in turn, being the result of agitation and resolutions of the medical societies. Nurses seem to have had little or no share in obtaining their legal status. The standards recognised are: (*a*) a two years' course in public or private hospital; (*b*) one year's theoretical and practical work given by physicians on the subjects specified for examination, viz.: anatomy and physiology, asepsis and antisepsis, medical nursing, record keeping, and emergencies. Applicants must be eighteen years old and of good moral character. The examinations are conducted by physicians. Yet, elementary though it be, the Belgian state registration has already had a salutary effect in stimulating training efforts. The religious nursing orders have accepted it, and not only that, have criticised its inadequacy in not emphasising practical hospital drill, while a central school to provide a uniform standard of teaching for the Sisters of the religious nursing orders was begun very soon after the promulgation of the edict, with results that are very gratifying to the friends of the movement.

The training school spoken of by Miss Cavell as being undertaken at the Hôpital St. Jean struggled through its difficulties so far as to have an official ceremonial of inauguration in 1911, in the beautiful Hôtel de Ville. The school is under the control of the city administration, and bright hopes for its future now seem justified. The Nurses' Home is in the Rue Pachéco, and accommodates twenty or more pupils, who receive their practical training in the historic and picturesque hospital of St. John, or in certain of its divisions.

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[1] International Congress of Nurses, London, 1909, *Reports*.

The school directed by Miss Cavell is well past the experimental stage. In 1912 it had thirty-two pupils, who were in training in four different hospitals, in each one of which the school placed a trained *Directrice*, on the English system, while every ward has a trained head nurse.

Belgium shows a great awakening in nursing interests, and progress is under way. Many physicians hold liberal opinions, even upon that crux of discussion, the Matron's position. Antwerp has a municipal school, and there is a Belgian Society to Develop Training Schools for Nurses.

CHAPTER III

MODERN NURSING IN AN ANCIENT SETTING

Italy.—Nowhere on the continent, except in France, are there such old and interesting hospitals as in Italy. Judged by their architectural and artistic charms, and by the atmosphere of antiquity and story in which they are enveloped, they are fascinating, but in the light of modern ideas fall far into the background. In 1903, an American nurse, seeing them for the first time, thus described her impressions:

> In going through these hospitals one cannot but feel everywhere the entire absence of real nursing, no matter how charming the picturesque side may be. So long as the patients are not seriously ill, it is not so bad, but when one sees typhoid, pneumonia, and other acute cases then all the inadequacy of the care strikes one. From the nursing standpoint, the worst were the great General Hospital at Milan and three of the largest in Rome. Everything looked . . . as if there were mountains of work piled ahead which would never be caught up with. The nuns in these gigantic hospitals are worn and haggard, and one cannot doubt that they are all overtaxed, even though nothing is properly done.

The system of nursing that had developed during the Middle Ages, producing saints and humble, self-sacrificing workers whose names and very memories are now lost, has come down to the present day unchanged in general outline, but altered for the worse in certain details, namely, the diminished numbers of nuns and the introduction of secular untrained attendants under the authority of the civil administration.

In a word, the transition stage that marked the last century in French hospitals had been entered upon, somewhat later, by those of Italy. Through the pressure of economic conditions the numbers of oblates, lay Sisters, and other unpaid workers were shrinking, and those of self-supporting though ever so poorly paid women, increasing. This economic transformation; political changes, bringing the civil government more to the front in hospital management and displacing the purely clerical control; scientific advance, revolutionising the study and practice of medicine and profoundly altering the relation of the nuns to hospital work, were the three deep-lying factors preparing the way for the individual workers whose careers we are about to follow. But before beginning with the doings of the new generation, we shall quote from an article written by a nurse in Italy, which gives an authoritative statement of the internal conditions of the hospitals, and sets the stage, as it were, for our characters.

The writer, Anna Celli, has been briefly referred to in an earlier chapter.[1] She was of German birth and had been trained as a nurse in the large hospital at Eppendorf. As Sister Anna Fraentzel she was well known in Germany. Her marriage to Professor Angelo Celli, famous among physicians for his research work into, and practical experiments with, malaria, gave a new direction to, but did not abate, her professional ardour. Beautiful and accomplished, she threw herself with intensity of temperament into the problems about her. She and Professor Celli are both Socialists, and engrossed in social uplift. As Socialist member of the Italian Parliament, Professor Celli helped to bring about the government control of quinine, while Signora Celli visited the peasants of large regions, making control experiments, taking blood specimens, and in every way assisting her husband. She opened and was responsible for a dispensary for children in one of the poorest parts of Rome. She worked there part of every day, and maintained cots for children who needed to remain for some little time. She made strenuous efforts to initiate the training of nurses, and succeeded in developing certain lines of teaching, though without founding a regular school. Her greatest contribution to nursing reform in Italy was, undoubtedly, her strong, accurate published presentation of careful, thorough investigations into conditions, and her bold statement of facts. Her writings are characterised by high professional ideals and warm human sympathies.

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[1] *A History of Nursing*, Vol. I., p. 513.

The servant nurses are the only ones who really attend to the sick. Few indeed are the hospitals where this is done by the Sisters, as, for example, to a certain extent in Rome at the San Giovanni, at the Cottolengo in Turin, the civil hospital at Udine, etc. Still fewer are the examples, as at Pavia and in S. Maria Nuova in Florence, where semi-religious orders of women who have taken no regular vows are in charge of the wards and perform all the most delicate and important duties for the sick. . . . The discipline of the religious orders is certainly vastly superior to that of the lay nurses, and this is of the greatest importance for those attending upon the sick. But the admirable discipline of the Catholic Church has this one defect: instead of first recognising the medical, it puts first the religious authority. This is a stumbling block. The service of the sick is looked upon as a labour rewarded in heaven, and it is not considered necessary to teach it as a profession. It is regarded as a religious function. It has happened that Sisters have declined to carry out medical orders for children, saying that "it was better they should become angels." In one instance, a patient having hemorrhage, instead of calling the physician the Sister went for the priest. Another allowed a patient with pneumonia to get up on a winter night to pray on the cold floor, where, half-dying, he was found by the doctor.

This is not said in a critical spirit, for I am the first to recognise the great merits of the Sisters. But science is to-day too far advanced for this to be desirable, and to be a competent nurse it is absolutely necessary that the nurse be thoroughly taught, and not limited to the religious service. She should occupy herself solely with the sick and leave all else to others. She should be exclusively subordinate to the medical officers and follow rigorously all their orders. She should be put through a practical and theoretical course, and be capable not only of recognising grave symptoms, but also, in times of emergency, of applying the remedy. And before practising she should be well instructed, partly by the physicians and surgeons, and partly by the trained and qualified head of nurses. She should not, from reasons of false modesty, leave the most important parts of the care of the sick to attendants, but it should be her highest duty and honour to have no ignorant person touch her patient. She should not wear a dark habit and immense headdress which impedes work and becomes a vehicle for micro-organisms, but choose a light, washable dress. Until such reforms can be made the religious Sister can never be a model nurse in the modern sense of the word. . . .

To-day, the care of the sick in Italy is largely in the hands of illiterate lay persons, engaged as servants. In general they are admitted from the age of eighteen to that of forty years, in one hospital at fifteen,[1] in another at sixteen. In another there is no rule. Usually only unmarried women are accepted, because the work requires that they should live in the hospital. However, in a number of institutions this rule is not in force. In two the applicant must spend six months in the laundry before being engaged as a nurse. In others she is engaged without condition. In five she must give some unpaid time—in one, two months, in another, three, in another, two years, before being definitely accepted. In one it is compulsory to attend lectures, in another it is voluntary. In some hospitals practical instruction is given, in others, both practical and theoretical, with an examination at the end. At Pavia a physician gives a course of two months' teaching after the nurses demonstrate that they can read, write, and do simple arithmetic. At Ferrara a similar course lasts four months, with one lesson a week, and comprises medical and surgical work. At Siena physicians give a theoretical course of six months. If the applicants, men or women, cannot then pass a satisfactory examination, they are not accepted. In Florence, every year, the physicians and surgeons give a practical and theoretical course of six months, and this, as at Rome, may be attended by applicants.

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[1] In the original article, Signora Celli gives the names of all hospitals in full.

These courses appear well on paper (and they do indeed represent a step in advance), but in reality they often do more harm than good. Instead of being of practical benefit, they only serve to confuse the minds of the pupils. The instructor should be able to descend to the level of his hearers, so as to explain things in a way they can understand. It is most difficult for young persons who have hardly gone through the elementary schools to understand any part of so complicated an organism as the human body. Instead of being made to memorise the skeleton and its parts, would it not be better for the nurse to understand the daily functions of the body? So it happens that, whether the course is taken or not, the ignorance of the pupils remains the same. Especially, even when the course is taken, they have no idea of asepsis and antisepsis, of diet for various maladies, of how to apply treatment, and so on. Who ever teaches them their duties toward the sick? Who shows them how to make a patient comfortable? Who drills them in the cleanliness so essential in a ward or sick-room? Who teaches many other necessary little points? The physician cannot do so; often he does not know how himself. No one can do this but a woman, and therefore the pupils must have head nurses who can teach them.

After having passed the requirements of the different hospitals, they are taken into service under varying conditions. . . . Few hospitals make any provision for the old age of their employees; in others they are dismissed when no longer capable. As a result of insufficient pay the nurses demand fees, and have a marvellous art in extracting something, even from the poorest. The relatives of the sick ones, hoping to secure better treatment for them, often give beyond their means. I do not know whether any hospitals forbid taking fees, but there are certainly some where the authorities count upon them in paying smaller wages. Then, too, this meagre payment often drives the nurses into immoral or illicit ways of making money. In general, nurses have the daily care of from eight to fifteen patients, and twice as many by night, but there are hospitals where one nurse may have thirty and more to attend to.

Tuscany is undoubtedly the most advanced part of Italy in regard to hospital service. Siena and Florence especially have excellent rules. The work of the nurses there is well regulated and their future is provided for. On the other hand, in such centres as Turin, Milan, Rome, Naples, the service leaves much to be desired. Shameful conditions are found in one of the Neapolitan hospitals, where the patients nurse one another. When will these necessary reforms in the service be made? It is a question of the highest importance for the whole people. The service in private duty is even worse than in hospitals and calls insistently for improvement.[1]

Signora Celli concluded her paper by presenting a table of figures which she had personally obtained, showing the hours of work, amount of wages, and standards of food and housing of the nurses. For reasons of space we omit this table. The data as to hours of work have been summarised in an earlier volume.[2] It is enough, now, to say that they ranged from twelve to forty-eight hours of continuous work. The obstacles, then, to a modern system of nursing for Italy were weighty. With mediæval standards of technique and nursing, hospitals were staffed by cheap labour, for even the nuns belonged in this class, since they were supported by their orders, which were paid most meagrely by the administration for their services. The more technical and responsible parts of nursing care were performed by medical students and young physicians, who, in the hospitals, took the places of our senior nurses, and, in private duty, were usually called to be on hand in the houses of the wealthy while a nun watched the patient.[1] Religious sentiment, administrative conservatism, professional caution, social usage, rigid conventions, medical jealousy, and economic bondage offered formidable barriers to a modern invasion of the antiquated nursing service of Italy.

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[1] "La Donna Infermiera," by Anna Celli; *Unione Femminile*, Nos. 2 and 3, 4, 7, and 8, Milan, 1901.

[2] *A History of Nursing*, Vol. I., p. 514.

Twenty-five years ago no influence from without had ruffled the order of the internal management of the Italian hospitals. But it was meant to be the prerogative of Old England here, as in many other countries, to bring a new element into these massive buildings. The love of English people for Italy is proverbial. The Italian cities have always held colonies of Britons, and it so happened that in Florence, in 189—, there lived a Scotch-English lady with her family. A born altruist is Miss Amy Turton, possessing extraordinary optimism and energy, with a

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[1] For private duty there were the Daughters of St. Anna, with its house in Siena. Each Sister takes the name of Anna. For district nursing there were the Sisters of the Sacred Hearts of Jesus and Mary, a new order. An English private duty order working in Rome was the Little Company of Mary. These Sisters, though doing private duty entirely, do not make any charge, but leave it to the patients to give what they will. They are very efficient nurses, and do not practise fasts or austerities, regarding the difficulties of the calling as their equivalent.

Amy Turton, the Pioneer of Modern Nursing in Italy

gift for setting things in motion that has had notable results in many directions. No one else could so well as she describe her long, plucky, undiscouraged quest during the years when, like Columbus, she never remitted the determination to reach her goal, and so we begin with her story of the first small beginnings in Italian hospitals.

The idea that something practical should be attempted to improve the nursing in our hospitals came to me in 1890 or '91 in Florence. I used often to visit Santa Maria Nuova, and we had a little society—composed chiefly of rich friends of mine—for taking food and garments to the sick, so that each ward was visited at least weekly, and fruit, biscuits, eggs, wine, tobacco, snuff, books, clothes, and little pious pictures were given to the patients. It was not exactly satisfactory—they needed so much, and there were so many of them—but we redressed a few serious evils, as I remember, one Italian friend especially having wide influence and great energy. But the feeling grew: they need some one with them all the time who is conscientiously good to them and an intelligent aid to the doctors—they need nurses, not visitors.

We heard stories of neglect, of extortionate tips, on all sides; we heard the staff quarrelling and saw how roughly they moved the patients, and wondered what they did or did not do when no one was there, as they did so badly when we were present. So the belief grew steadily that I must either do more, or give up the little I was doing. . . I was free—not too young—with sufficient influence to get admission;—a stranger, I could do what an Italian could not (for an Italian lady could not live in hospitals or even work there seriously; her family would object), a non-Catholic, I could try to help the nuns indirectly, as others could not do. . . .

I believed, and I believe now, that some of us atoms of humanity are meant to do one or another bit of work, and, despite ourselves, we shall do it. The bit of work meant for me was that of the thin edge of the wedge in our Italian hospitals—to open their closed doors, that others more competent should enter and reform the nursing. . . . The thought I held with blind faith was —*the thing should be done;* . . . no one else seemed able to set the example, so I must begin.

The difficulties were not slight; at first it was thought best to go to England for a brief training, but we found that only by offering to *learn* could I ask to enter an Italian hospital. If it was to *teach*, there were already plenty of trained nurses, but Italy would not admit them, except as outsiders, in *ambulatoria* (dispensaries), therefore it was clear that I must find a hospital which would take me as a pupil. The next difficulty was that there were only nuns and servant-nurses in our hospitals —I could enter neither group. My friends tried to get me admission as a lay boarder with the *Suore* at Pisa and Cremona, but in vain.

After some six months Prof. G—— in Lucca accepted the idea of teaching me, that I in turn could teach Italian pupils. He admired German hospitals, and wished to get a better class of nurses for his wards. I tried to board in a convent at Lucca, but the hours were not possible, not leaving me free to be in hospital;—then, too, there were children in the house being educated, and I might bring infection in to them. Finally, through a friend's servant, a family was found, ladies of slender means who were willing to take me to board, and I stayed with them, without causing any gossip, for six months, from January to July, 1893. Prof. G—— and Prof. B—— were kindness personified. I spent days, and occasionally nights, in their wards, theatre, and medication rooms, and got a good insight into things as they were. The surgical technique taught was excellent, but nursing? Who could teach me that? . . . A St. Thomas's friend now visited me, ascertained that I was only learning to be a "surgical or medical assistant," and told me I must go to England to see what nursing was. She advised my writing to Miss Nightingale, simply stating where I was in my scheme. I received one of our priestess's inspiring letters, then another, and another, the third securing me admittance to the Royal Edinburgh Infirmary as paying probationer for at least six months, or, if possible, a year.

The professors were doubtful as to the wisdom of this; they could not understand why a nurse should need long training;—an intelligent woman could surely get an insight into organisation and technique in a few months. "In six months," they said, "you can return and then we will begin the school." It was useless to try to explain to them; I promised only to return as soon as possible, and they were to prepare the way for taking pupils. I stayed one year, from October, 1893, to 1894, at that delightful and beautiful hospital, the late Miss Spencer giving me every possible facility. The Lucca professors meantime endeavoured to get the hospital administration to vote in favour of admitting a better class of lay pupils, but politics as usual intervened—the plan was "freemasonic and atheistic." The majority voted against it, and the professors' attempts ended in a definite defeat. This was a blow, but the way closing on one side meant trying another.

Rome came to me through friends who were determined that my small efforts should not be so easily ended. Professor Rossoni, temporarily medical clinician whilst Baccelli was Minister of Instruction, was a friend of friends of mine, and he was induced to admit me to work in his clinic at Santo Spirito, giving permission for two or three Italian girls to come also and begin to train. This did not succeed; the right girls were not found; and after a few months my friends formed a small committee to gain admission to S. Giovanni, the *Direttore* Tosti (who is now Director of the new school in Rome and one of its warmest supporters) coming on the committee with the surgeon Mazzani. The ladies interviewed the Mother Superior, and enlisted her sympathies; she promised to instruct the *Suore* to teach all they could to the pupils, who were to be prepared for private duty, and it was agreed that after six months I should be admitted to give the finishing touches to their education regarding the specialties of private nursing.

At this juncture one of Queen Margherita's ladies-in-waiting, the Princess Strongoli, heard from a mutual friend of the strange English lady who wished to start a training school. Nursing had always been on the Princess's list of feminine professions, as proposed for the girls' college which she was evolving out of the Suor Orsola Benincasa Convent in Naples. I was taken at eight one morning to talk to her at the Quirinal, and convinced her that nursing could not be taught by lectures in a school, but required hospital wards. She undertook to gain entrance to a hospital in Naples by September (it was then June), and offered me hospitality at her girls' school. I went as arranged; negotiations were in process, and by November I was working in the Gesù e Maria and reflecting upon how matters could be carried on when I left, for, as I was due in Rome in January, I had only the intervening time to give to Naples. A nurse who knew Italian was essential; we made one or two unsuccessful attempts to find one close at hand; finally I appealed to Miss Grace Baxter, then in the United States in charge of a ward in the Johns Hopkins Hospital.

It was one of the inspirations which have attended me at the worst moments. She "burnt her ships behind her," considering that "Italy's need was greatest, and it was the land of her adoption." In January, 1896, she joined me, and, after a brief time together, I returned to Rome. I took her place that summer for a month, and then left Naples to her;—being truly a missionary spirit, she has never reproached me, though from the worldly standpoint I was undoubtedly the instrument which prevented her making a brilliant professional career in the States.

Before taking up the account of Miss Baxter's work, our readers shall have a peep into Miss Turton' s diaries covering the period just outlined in her story;—these daily memoranda give a faithful picture of the slow uphill work carried on so patiently.

November 4, 1894.

I went to ask Signora X. about pupils; she was very amiable. I brought her a letter from Marchesa XX., one of the patrons of her big professional school. She said she would find me exactly what I wanted; only I must be prepared to put aside many of my "English ideas"; I told her I was quite willing to do so—in fact, I should not wish to retain any ideas that were not non-national or founded on the universally accepted ethics of nursing; also that I had begun my own training in an Italian hospital. She then explained that educated girls cannot be expected to perform "the menial services" for the sick—there must always be servants for that part of the work. I tried without success to convince her that this was against all rules of nursing. But I did not venture to tell her that this was the very reason why the girls whom she had had taught in Professor ——'s courses were not thought capable nurses by private patients,—"nice girls, intelligent and sympathetic, but useless." On one point, however, I found her very enlightened: she allowed that in time, and with tact, I might get girls to nurse in men's wards; it would not do to mention the matter at first,—she had not told her girls even of the possibility, but, after a few months, one of the most intelligent and enthusiastic pupils had volunteered to nurse some particularly serious male cases after operation, and since then there had been no difficulty in getting them to nurse men as well as women.

November 10th.

I went back to Signora X. this afternoon; she has found two young women whom she thinks eminently suited for nurses. One I saw, a bright, intelligent girl, a chemist's daughter. She informed me that she was not afraid of illness, and that she liked making up prescriptions. . . . I went to see the other: "Does the Signorina wish me to accompany young ladies to the *Clinica?*" Signora X. had not quite explained, but she understood it was about young ladies and the hospital;—perhaps her knowledge of French would be useful if they were foreigners. . . . I explained that it was pupils I was looking for and added a little about the work. She replied: "Ah Signorina, is it not a life very hard to support? I could never venture, and you, also, look far too tender-hearted, but even if I had the courage to assist the sick, I am all alone in the world, and so would have no one to fetch me in the evenings. You see, therefore, it is quite impossible for me." . . . I see there will be the difficulty of chaperonage; only servants have no traditions to prevent their walking the streets alone.

November 23d.

I am making inquiries elsewhere for pupils; the chemist's daughter has accepted another engagement. It is natural enough that Signora X. should keep the most promising girls for Professor —— as he is beginning a new course of lectures, and admitting a new set of pupils to his clinic to be taught by himself and his assistant; there is no directress living with them; Signora X. is nominally such, but she is not a nurse, and only gives the moral support of her presence at lectures. . . .

December 12th.

A promising probationer, Signorina Bianca, has come; she is quiet and nice-mannered—shy of the patients, of course; she has never been in a hospital ward before. I tried to make her feel at home—no attempt at any nursing. . . . As we left at seven, Sister M—— accompanying us through the wards, I felt the girl was getting frightened; we talked to her as she walked between us, but unfortunately one of the big doors was pushed open just as we came to it and the porters entered carrying a coffin. I saw Bianca grow quite white but said nothing; I put her in the tram and said, "good-bye until to-morrow," but my landlady is certain she will not come again. Poor me . . .

December 16th.

Signorina Bianca did not appear. Later on came her father with a note—she was too badly frightened—she returned the muslin and the aprons; this is the end of pupil number one.

December 19th.

Signorina Antoinette, a promising probationer, has been accepted; she has a good manner with the patients, is not afraid of them, and is generally self-possessed. . . .

December 21st.

I had to talk seriously with Signorina Antoinette this morning, as I found she was calling the servant for what Signora X. termed "the menial services," and on my refusing to allow her to do this, she frankly expressed her objections to performing these offices. I told her the nurse's code was to do everything in connection with the patient herself, and nothing was "low" if looked at from this standpoint, as the simplest things often ministered most to his comfort. Her answer was that the educated nurse should supervise, but that servants should do the rough and unpleasant work. As this was precisely what was taught at Professor ——'s clinic, I found it difficult to convince her that the theory was wrong. In fact, I see that it will be all but impossible to prevent the servants from doing these things, which, from the Sisters never doing them, have earned the reputation of being low . . . but which evoke the patient's gratitude (and tips).

December 30th.

Signorina Antoinette told me to-day that she would never dream of nursing, if she were not compelled to seek the most paying profession open to her, and she was told that it would be far more profitable than mending old lace;—this was depressing, but her truthfulness pleased me. She is genuinely good, doing whatever she does so conscientiously; still, after this wet-blanket on my hopes for a disciple, I was quite moved by an English girl telling me, coming out of church, that she envied me profoundly, as nursing was the one thing she had always longed to do. This comradeship in feeling was very consoling; no one else, so far, quite understands my *caring* to nurse, and I fear that most people find me very tiresome for asking their help in inducing others to share the strange privilege of doing so.

December 31st.

Signorina Antoinette took fright this morning at a suspicious throat case . . . and came to me after rounds, saying she could not conscientiously stay. . . .

February 17th, 1895.

Donna M. and I have prepared an article on the nursing question for the March number of *L' Ora Presente;* we treat of the need of more intelligent nurses, and of opening a new profession to educated girls, who, at present, clog the teachers' market.

April 25.

We had a meeting to discuss rules for the *Scuola Infermiera*. The whole matter is extraordinarily complicated. I am feeling the keenest sympathy for the man in the fable who spent his life in getting on and off his donkey, in his attempts to satisfy the moral scruples of his friends!

April 30th.

One of our committee ladies has been to see Signora X., and came back quite depressed over the nursing question. The danger of contact with the doctors is what troubles them. It seems that in the Bologna secularised hospital there have been very unpleasant scandals. . . . I, of course, listen to these disasters as to signals, showing the need of avoidance of any semblance of lightness in our pupils . . . and also as proving the necessity of the power of dismissal being in our own hands. . . . I always feel that the sense of proportion needful in guiding others consists in drawing the line justly between the "not leading into temptation," and the "trusting men, that they may show themselves true."

May 7th.

Our rules are made out at last. The pupils have still to be found, but we have had the following notice put in the papers: "School for Nurses: A committee has been formed of the ladies —— aided by Senator —— and Professor —— with the object of founding a school for nurses for private cases. With the kind permission of the Director-General of the hospitals, the instruction will be given in one of the Roman hospitals under the supervision of the sanitary authorities and the Sisters, according to the rules of the institution. The course of instruction will be theoretical and practical and will last two years" (the usual requirements and regulations followed). As we cannot offer the pupils either board or lodging, or salary whilst training, . . . and as we have had to settle that the pupils should work only half the day so as to leave the other half for home duties or whatever way of earning they are accustomed to, we consider the two years the lowest possible minimum.

August 31st.

I am spending a night in Rome so as to have a visit to our five pupils. . . . I went to the hospital at ten . . . they seemed happy, and told me they liked nursing, and were fond of the nuns and the patients. . . . It was satisfactory to hear from Professor —— that all had gone well . . . that they were good girls and the nuns found them intelligent and willing, while the patients were always singing their praises.

January 21, 1896.

I shall now keep the pupils with me, teaching them how to bathe under blankets, change, move, etc., without exposing the patient. At present I am to have a room for these demonstrations; later I trust there will be no difficulty about my showing the pupils in the wards what to do and making them responsible for doing it with special cases. The wards are huge and often overflowing; the

Suore and servants overworked, so that we can really be of use and comfort, if only the oft-prophesied feelings of distrust and jealously can be avoided.

January 26th.

At 8 A.M. the professor and house doctor went the rounds with the *Suore* and two of our pupils. Sister M. Cristina, the head of this ward, is such a sweet woman; I am thankful we are to work first in her ward. The professor told her he would like her to put beds in my hands for teaching the pupils, and she was quite pleased and anxious to give us the worst cases, saying, "then they would have more constant attention." That is the true nurse spirit . . . We have two pneumonias, one obscure fever case, and one obscure, without fever. The ward is very heavy, and one can't help seeing, after English wards, that want of system in several respects makes it heavier. It is painful, too, that backs are not rubbed or hair combed except once a week, and consequently bedsores and lice are more or less taken for granted. What is well done here is the administration of medicine. The patients do not take it themselves, as in many hospitals, but it is kept on a neat little tray and carried around and given by a Sister at the proper hours.

February 10th.

It is rather serious lecturing to pupils who have no sense of humour. In telling them the other day of the nurse's need of persuasiveness and tact, I mentioned the very disastrous habit of allowing a large number of persons to be in the patient's room . . . adding at the end of my remarks that, if doctors were in question, the nurse could not make any suggestion but could only pray they would go away. One of my pupil's notes, handed to me for correction, read: "It is very harmful to have too many persons in the room, but if they are doctors, the nurse shall not make any observation to them, but shall pray to God that they may leave!" Regarding a matter I have most at heart, they all seem to understand: I mean the sacredness of what nurses see and hear when people are in trouble. . . .

March 22d.

We have got leave to wash our patients. . . . I spoke first to the chief, who was delighted, then to the inspector, who was also quite in sympathy, and told Sister M. Cecilia to provide basins, rubbers, and soap. This she smilingly did, and we began this morning—cautiously, lest some be alarmed and object. But no one made difficulties, and most were touchingly grateful. One poor old man did at first refuse, but when asked for the reason he explained that he was ashamed, as he had been ill for many months and his feet had never been washed. . . . Those who were up helped to change and fetch water. and the whole scene was most cheery and friendly. We gave only two real "bed-baths," as there were a hundred patients, but we washed the feet of the bed-patients of one-quarter of the ward.

April 25.

The first year's examination is over . . . the aptitude and trustworthiness of our pupils make us quite happy and hopeful of their ultimate success.

The time had now come for Grace Baxter to enter upon the scene. The harmony of the sequence of events in her career, by which she was unconsciously prepared for her life-work at the very moment when it was ready and awaiting her, has been reflected in the unwavering fidelity and efficiency that she brought to it. Miss Baxter was born in Italy, and had lived her life there up to the time when she came to America for training; she was, therefore, in one sense, an Italian. Her parents were both English, scholarly, literary, and idealistic;[1] loving Italy as the English of their type do, their home was in Florence, where Miss Baxter grew up. The writer knew her well in the Johns Hopkins Hospital during her training: a serious, lofty-minded, most simple and direct nature, completely averse to all sham and pretence, very quiet as to her opinions, but of great independence of mind, holding views on the great fundamental questions of life that were untrammelled in their natural strength and freedom. Hers were high standards of daily living, based upon truth, justice, and a great compassion for humanity. Immediately upon her graduation she left the Johns Hopkins and sailed for Naples, where her work lay in the large public hospital called the Gesù e Maria, a beautiful old pink and yellow stucco building, with large cloisters and gardens. The wards are old-fashioned but pleasant. Her residence was in a little house on the domain of the school for girls already referred to, which had been established in wonderfully beautiful, picturesque old convent property, built upon a series of terraces with bewildering gardens, corridors, cloisters, and salons that lent themselves perfectly to their new uses.

This girls' school, the most complete and progressive educational institution in Italy, had been called into being by the Princess Adelaide di Strongoli, lady-in-waiting to her Majesty Queen Margherita, and one of the really great educationalists of her day. A fearless woman and untiring, far-sighted worker, her devotion to the cause of practical education led her to become the first patroness of trained nursing in Italy, and it is certain that without her firm support and steady financial backing the Blue Cross Society (the name given to Miss Baxter's nursing school and its graduates) could not have existed. In personal service, too, the princess has won her laurels, for in 1884 she received the gold medal for active assistance in the great cholera epidemic.

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[1] Miss Baxter's mother wrote under the name "Leader Scott."

Miss Baxter's entrance into the routine of the hospital was effected very quietly. There were local reasons why the nuns had given up the management of certain divisions, and in these she began the new order. Probably no one with a less complete armament of weapons in her perfect knowledge of Italian characteristics and customs, and her own heredity and training, could have maintained this position. It was so unusual to see a woman who was not a nun in a public hospital, that even some of the medical staff mistook her motives, and had to be assured that she had come there for work and not for frivolity. In the director, however, she had from the outset a chivalrous, old-school, fastidiously honourable chief and ally, whose support meant everything to her.

Miss Baxter's letters to America told some of the incidents of her hospital work and the often amusing obstacles to progress:

OSPEDALE CLINICO, NAPLES,
January, 1901.

Have I told you how I started my school with three nurses, one of whom soon left, while the other two were so well satisfied with themselves that they sailed through their ward work superciliously and listened to my

Grace Baxter

Superintendent, Blue Cross Nurses in Naples

theoretical lessons with a scarcely veiled smile of pity at the idea of my taking so seriously what appeared to them elementary knowledge? I had not at that time an official position, which made my humiliations all the harder to bear. The revolution took place during my summer holiday . . . a new set of doctors were elected, who knew me and upheld my authority. I was now officially accepted as head nurse of—nobody knew exactly what. My position grew of itself, and I have crept up by slow degrees, gaining or losing ground according as I have won or lost the innumerable little battles which I fight every day. . . . My subordinates are the cross of my life, although we are excellent friends, because they do not and never will understand so much as the elements of discipline. When I returned to Naples in September, I found that the Princess of Strongoli had been busy all the summer publishing articles and getting up new subscriptions: the result was that there were fourteen new pupils waiting for me besides the three who had begun in June. Of all these, ten have just passed their junior examinations. . . .

Lest I be accused of deliberately departing in my system from the time-honoured methods of alma mater, let me protest that to make any way at all I must insert the thin edge of the wedge and not the thick one. Any other course would most assuredly end in my offending irrevocably the customs and prejudices of the country. After much discussion among themselves, my suggestions being waved aside, the staff made out a programme of theoretical work. It was decided that there should be an hour's lecture given daily to the nurses by the physicians, the first-year subjects being anatomy, physiology, hygiene, surgical and medical pathology; the second year gynecology and obstetrics, diseases of children, first aid to the injured, diseases of the eye and ear, and dietetics. On discussing the position of my pupils, the Blue Cross Nurses, as their official title runs, I could not obtain the dismissal of a single one of the existing "servant- nurses." The result is that my pupils' ward work has never been anything but voluntary, for, if they do not perform the duties required by the patients, there is someone else there to do them. . . . My pupils come on duty at eight A.M., coming in from their homes, wherever they are. They do ward work and make rounds with the staff until eleven, when the lecture is due. When this is over I go over the lecture of the day before with them, explaining the difficult passages. We then return to the wards, and between two and three P.M. the pupils leave the hospital and return to their homes. . . .

Perhaps you will realise what is required of me when I tell you that no nurse is allowed to remain in the four wards unless I am walking the hospital and making myself as ubiquitous as possible. If I go upstairs to lunch or to rest for more than a few minutes, I must collect my flock, no matter what they are doing, and take them with me. After the pupils have gone home, I spend the afternoon and evening in writing up the notes of the lecture for them to copy. Though they are fully up to the standard of the average English girl in social status and refinement, they are too inexperienced to take down correctly the scientific and technical lectures, and this is better than revising all their written notes. At the beginning of the year, I wrote out a programme of the subjects I considered indispensable for nurses, copied from my hospital notes. The chief, whose ideas on nursing matters do not differ greatly from those prevalent in English hospitals, agreed with me. The lecturers, however, enlarged a good deal on theory and technicality. In the course of the year they have realised that we need simple facts.

I put my nurses into uniform in February. The material is rough gingham, striped blue and white, with turn-down collars, high white aprons, and hemstitched half-sleeves. Caps would have been against the ideas of propriety here, and I did not suggest them.

With regard to ward work: during the first few months, not having any graduate nurses to help me, I was obliged to leave three out of the four wards to the servants, and give my practical lessons in the fourth. After six months' training I was able to place the pupils in charge of the wards, always of course under my direct surveillance, and the results have been such that the ward physicians are fully persuaded of the value of our school. The nurses take temperature, pulse, and respiration, do up the bed patients, and wash and comb the others, catheterise and give douches, prepare for surgical rounds and medical emergencies, assist at operations, distribute medicines, and give hypodermics. What they do not do I will try to explain. They are not allowed to make temperature charts, lest they should presently usurp others of the doctors' functions, but I have taught them unofficially to keep special charts of interesting cases. They may not make beds in the morning except for regular bed patients, bed-making time being four P.M., and not every day of the week either. In the men's wards the servants are forbidden to turn the mattresses except on Thursdays and Sundays, though the sheets may be changed several times a day. There are two reasons for this extraordinary regulation: first, the floors are washed daily at five A.M. by the servants and any subsequent bed-making would nullify their work, sweeping being also prohibited; second, there is so much phthisis in the ward that it is inadvisable to make much dust; for the same reason sheets may not be shaken out in the ward.

Bed baths are permitted in theory, but merely tolerated in practice. For this reason I have to get them done in the early morning, before the director and the ward doctors appear, lest on some inauspicious day they be prohibited altogether, and this in the women's wards.

In the men's wards, although I myself might bathe any patient, the permission is not extended to my nurses, who may only wash the men's faces and hands. The general ablutions are entrusted to the servants, who take advantage of the loophole of escape and bathe none. Nor can I insist. Diets are entirely out of the province of the nurses except in the matter of feeding helpless patients, and under no circumstance would they be allowed to enter the kitchen. Before the training is finished they will go through a course of cooking, but it will be outside the hospital. . . . The ward cleaning is done by the servants, of whom there are three to each ward. Their business is to keep the place dusted, washed, and burnished, and I must say for them that, with due allowance for circumstances, they do their work well. The director does not wish the nurses to interfere with this part of the work as a rule, so that they only do so in exceptional cases. I feel the less troubled about this, as all my nurses are taught at home to do housework. The disinfection of utensils, linen, etc., and the sterilisation of nozzles, instruments, etc., is entrusted to the nurses.

Medical rounds are carried on in a very delicate manner when we are present, a feature due to the refining influence of the chief. Even in the men's wards there is nothing which could shock the most puritanical mind, so that the pupils' parents, who at first stipulated that their daughters should nurse only women, now prefer these wards to the others. The only difference in the system of rounds here from that familiar to other nurses is that the ward doctor's assistant, instead of the head nurse, takes down the orders.[1] . . .

To illustrate further the difference in social customs in Italy and America, and the influence which they exert on hospital life, I will mention that during the year I have had to deal with two love-affairs between nurses and doctors. Now this may seem of no great importance to Americans, but in our case the incidents nearly wrecked our fragile bark. It is significant of the opinion in which love-affairs are held, when not carried on under the direct ægis of the parents, that the director, when he heard of them, behaved as though the affairs had brought dishonour on the whole institution. It was with the very greatest difficulty that I persuaded him not to discharge the entire staff of medical assistants, twelve in number, for the offences committed by two only. My pupils being very young, I honestly believe them not to have been so much in the wrong as the doctors who had dared to admire them from afar, but I could only save them by keeping them out of the way for days after, and as it is, they must take the lowest rank for months to come. You will have realised by now that since the feasibility of a "lady nurse" remaining unchaperoned in the wards is denied to us in the first place, there are greater difficulties in the way of conducting the work of the hospital with trained nurses of the educated class than at first appear. I confess that I do not yet see my way through it. A few love-affairs of the kind mentioned, though innocent enough in Anglo-Saxon countries, would in Italy ruin a serious undertaking such as ours, to its very foundation. . . .

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[1] Foreign Department, *A. J. N.*, March–July, 1901.

Our school is growing slowly but surely, and has come to be looked upon as one of the institutions of the city, so that only last week we were asked if we could undertake the nursing of the big hospital for incurables. Unfortunately our number is too small for such a colossal undertaking and we have had to give up the idea for the present. . . . Now that our position is assured, we are able to choose our nurses from respectable middle-class families, but owing to our exclusiveness we cannot for the present get as many as we need. . . . In the hospital where we were once despised and ridiculed we are now appreciated and sought after. When two new wards were opened last month the chief, Professor d'Antona, requested me officially to let him have enough nurses to run them, and his assistants were even heard to say that they could not be opened without us. We have now one hundred and ten beds. Another very satisfactory incident was the request of Professor Bianchi, one of the greatest neurologists of this country, for two nurses to take charge of the clinic for nervous diseases just opened at S. Andrea della Dame. They were duly installed and are working satisfactorily. Seven of our graduate nurses are in positions as head nurses in this and other hospitals. Many more could be so placed, but the salaries offered are ridiculously low. The nurses have more work offered them than they can do."[1]

Only a few years later the Blue Cross nurses were firmly established. They spent the full day in hospital instead of a few hours; were in charge of seven instead of four wards, and in the children's took the entire service both day and night; wore uniform and cap and were no longer expected to be chaperoned, but instead held head-nurse posts in a number of hospitals. One went to Rome to the new school as head nurse of the operating rooms, and for a long time they had carried on the work of a small dispensary for anæmic and rachitic children in Naples that was supported by voluntary contributions. Among those who first stood alone must be mentioned Signorina Tonino, who pioneered in Rome before the new school was opened, helping Miss Turton with her little group of pupils in San Giovanni. Her work there was aided and watched over by the Princess Doria, in the very wards where an elder princess of that name, several generations earlier, had founded the hardworking and practical order called the Sisters of Mercy. Nor would the sketch of Miss Baxter's surroundings be complete without a line for Signora Adelaide Pagliara, the secretary and registrar of the Blue Cross Society, the strong, practical, gifted friend and ally of the school and its pupils, whose encouragement often revived hope and chased away depression.

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[1] *A. J. N.*, June, 1903.

The growing interest in skilled nursing undoubtedly received a great impetus from the meeting of the First National Congress of Italian Women which took place in Rome, in April, 1908. This was a stirring and most important gathering, attended by over a thousand women from all classes and parties, where every detail of the modern social structure in its special relation to women, and every aspect of the status of women as related to the progress of the race, were discussed with earnestness, brilliancy, and learning. The nursing question was taken up at one session, but, regrettably enough, the organisers of the congress did not secure the presence of nurses themselves upon the programme. It is a pity that Miss Turton, Miss Baxter, and Signora Celli had not been persuaded to report upon the work of nursing in Italy.

Nevertheless the papers read were of great interest and value. Signora Sciamanna, of Rome, an enthusiastic amateur who had worked in the Roman hospitals as a volunteer, read the leading paper stating the nursing case for Italy; she described the low plane of the *infermiere* and their defective education, long hours, low wages, immoral tendencies, and absence of discipline. She described from life an incident she had seen, where the nurse, supposedly remaining beside a dying patient to administer oxygen, was in reality so absorbed in a trashy novel that she did not notice when the patient ceased to breathe. She advocated schools for refined women to be annexed to hospitals, but showed her limitation of ideas of a future for nursing, by contending that nurses should be prohibited from joining leagues or federations controlled by themselves. She had arrived at this opinion by the fact that the oppressed attendants had formed unions and resorted to strikes in order to better their wretched economic conditions.[1]

Professor Mengarini, a woman, spoke also on the nursing question; she had little direct knowledge, but took a larger view of human liberty and protested against its curtailment by the prevention of self-governing associations.

A resolution presented by Signora Dacher closed the discussion. It ran, in effect, as follows:

> The Woman's Congress asks that there may be one educational programme for all Italian nurses, to be approved by competent authorities, and that no one be allowed to exercise the profession who does not possess the diploma. The admission of candidates should be

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[1] The *infermiere*, long unorganised and defenceless, had finally formed leagues for mutual support in the different Italian cities, and by 1903 there were 29 such leagues united in an Italian federation, having a journal called *L'Infermiere*. In 1904 this body was strong enough to hold a national congress in Rome. Through its efforts and influence many improvements in the economic status of the attendants had been brought about.

regulated by the same formalities as are in use in other professional schools. The principle of equal pay for men and women should be recognised.

We shall now continue Miss Turton's narrative, which traces the steps finally leading up to the opening of a model training school in connection with the Polyclinic Hospital in Rome.

The following years held attempts in Rome and in Florence which bore fruit very incommensurate with the efforts made by friends and patrons, but which brought Princess Doria always more and more with heart and soul into the crusade. Few girls were found to risk the chances of success, when we had no home and no pay and only insufficient training to offer them. But enough did come forward to prove their aptitude and keep the ball rolling, and the Casa di Cura[1] episode in Florence, where six or seven Italian nurses cared for private patients with some help from English nurses and from the Blue Nuns (the most sought-after private nursing order), leaves memories of many happy hours. But the hospital reform was still in abeyance and time was going. A friend offered money to start a training school in some hospital, and Bologna nearly accepted, but a tragedy in the Professor's family closed that door. A scheme to run a private hospital in Rome was next brought forward, and a shareholding company formed, but the speculative spirit swamped the original plan of balancing paying and free patients, a school being impossible with only the former. It was fated that this door also be closed, and the building was sold before completion.

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[1] The Casa di Cura, a private nursing home, was one of the creations of Miss Turton's executive energy, and a notable success. In the midst of her other undertakings, she also found time to project, plan, and build a sanatorium for incipient tuberculosis cases, the first in Italy. It is near Florence and accommodates eight girls or women. She began raising money for it in 1902 and it was opened, with a nurse in charge, in 1904, turned over later to a society founded to aid incipient cases, and is now nursed by nuns. It was described for the International Tuberculosis Congress in Washington in 1908. See *Transactions;* also *American Journal of Nursing*, November, 1908, p. 124.

New elements had now come into the campaign. Signora Maraini Guerriere Gonzaga, wife of a member of Parliament, absorbed the fundamental principles of pioneer reform, and became the Voice which we had all along needed. Italian, she knew the standpoint of her compatriots; in sympathy with the Princess Doria, Miss Baxter, and myself, she gradually became the handle of the wedge, inserting it with such enlightened intelligence that the Polyclinic doors were finally opened to a real training school. But this did not come about directly. There was first an attempt, after the Women's Congress and Signora Sciamanna's speech on nursing, to start a school in connection with the *Cliniques*, the Matron and pupils living in a house near-by. The project was never a satisfactory one, as the Matron would not have had the nursing organisation nor oversight of the wards entrusted to her, but only the teaching of the pupils within the school.

[In the medical *Clinique* Signora Celli is head and in the surgical there was, before her remarriage, Signora Sciamanna, each having her own paid staff of nurses.]

Pupils living outside with a third Matron would thus have been too literally outsiders, with insufficient responsibility. Difficulties closed this doorway also, then a sudden inspiration seized Princess Doria and Mme. Maraini: "Let us make a desperate effort to get a real hospital block to nurse,—Professor Bastianelli's,—and get a nurses' home somehow in the Polyclinic." It was only one year ago that this plan came into being. Talked of in March, when the earthquake excitement had subsided a little, pushed, guided, lifted, dragged,—it was finally accepted by Queen, Government, and hospital authorities, the ground chosen, the plans drawn, and work begun by the end of June. During the summer the little Home was hurried forward, and on the 28th of February Miss Dorothy Snell, Miss Reece, and I entered it. Perhaps the most remarkable feat accomplished by our committee was in securing the acceptance of a foreign staff as teacher nurses. As soon as Italians can be trained to replace the English contingent they shall assume the posts. The staff, however, does include one Italian, Signorina Sciarrino, who was trained in Buffalo, New York State, and took post-graduate work in Bordeaux with Dr. Hamilton. The nuns remain in charge of household administration.

The English Matron, Miss Dorothy Snell, has been described as "a woman of great power, intuition, and intelligence; very spirituelle and diaphanous in appearance, but with an iron will—a born leader." She and her assistants made a success of their work from the first. Miss Turton lives in the school as one of the faculty—a sort of fairy godmother whose wand will ward off harm. In a letter to England, she described the auspicious opening of the new régime.

ROMA, April 17, 1910.

Fourteen days ago the little band of pioneer nurses, with their first ten Italian probationers, took over the nursing of the first surgical pavilion here—a small beginning, seemingly, but one which we believe will have wide-spreading results, and is consequently worth whatever it may cost in effort. The fourteen days and nights have been strenuous, physically and mentally. Five to eight operations on alternate days, dressings of the majority of the seventy-five patients and "specialing" operations and hopeless cases have proved the need of an ampler staff, and Miss Conway has come on from Bordighera (kindly spared by Miss Bryant),[1] and Miss Beaufoy is starting from London, to aid with hands, minds, and tongues (they speak Italian) in the "great endeavour."

It is difficult to give details of the work—of what is being reformed, for we are, in a way, guests in a foreign land. We want to help, not to criticise. Years ago Miss Nightingale wrote me, when I returned to Italy after my year at the Royal Infirmary, Edinburgh: "Patience and prudence, as, *e.g.*, not extolling English things to Italians, or saying, 'I do so and so in Great Britain.'" Theoretically speaking, this standard is the only one compatible with courtesy; but reformers cannot always wear velvet gloves. Much must be wrestled with, much uprooted, only we should always aim at *doing silently*. And consequently it is not an easy matter to write anything that is really true all round. Another saying of Miss Nightingale's often comes back to me. A year later, when I was going to Naples, leaving our first Roman pupils to the nuns at S. Giovanni, she wrote to me: "I am sure you will remember it is only *personal* work that can do things. Stand your ground and kiss your enemy's nose is one of the secrets of life. . . . A large Tom cat of mine came into the room and ran at my two little kittens. The larger and handsomer kitten ran away. The smaller stood her ground till the big Tom cat came quite close, and then she kissed his nose and made peace. Now take up your ground, my dear Miss Turton, and stick to it. . . . Go on perseveringly and prosper." For all of us these are words of really inspired wisdom. If even half of us really succeed in *living* them, success will be a certainty, nay, since our leader does live them, even one-third of us, by following her, will ensure victory. "Hold your ground, but kiss your enemy's nose." A smiling insistence of attitude, in other words, whenever *certain* that the point to be gained is undisputably right.

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[1] Miss Bryant, a young English woman, had been trained in Bordeaux at the Protestant Hospital and did much to aid the Italian movement. She also gave Dr. Hamilton an endowment for her training school.

The first point thus gained, I think, was—screens. In our hospitals here such "luxuries" are obtainable only (and not always) for the dying. But the first pavilion now possesses scarlet twill screens, a vivid note in the colourless wards, and one which, with the really charming green and white frocks of the probationers makes up the red, white, and green of the Italian flag. The first corollary of screens, systematic washing, is an innovation which is almost invariably appreciated. The routine evening, "face, hands, and back washing" cause gratitude and surprise. The first night drew forth the remark from the *Suora* in charge, "How quiet the wards were! no one seemed to ring." And the *cure amorose* of the new nurses seem to make even deeper impression on the patients than their skill. The real nurse touch, voice, and manners are a revelation, even when the words are limited by being in an unknown tongue.

Already patients are leaving off calling perpetually for attention; they have learnt that everything will be done for them in due time—that ought to be done—and without "the hateful tip!"[1]

In 1908, Signora Celli contributed another valuable study of hospital conditions and schools for nurses, called "Per le Scuole delle Infermiere" to the *Nuova Antologia* for October. The year of her inquiry was 1902. Of 1241 hospitals, 429 were staffed solely by secular (untrained) attendants; 112 were nursed solely by nuns, while 696 had a mixed staff. [The other four were in charge of monks.] The number of nurses to this list of hospitals was: secular 8380 (4613 men and 3767 women), and religious 4313. Of these, some seventy were monks and all the rest nuns. Signora Celli showed that forty per cent. of the personnel in question were in religious orders, this percentage having risen by ten per cent. in fifteen years. As only ninety-three of these hospitals were bound by bequests or conditions, it was clear that they preferred the nuns. Their discipline was best; they were a superior class of women, and they cost the hospital least; even the secular servants cost more, while nurses of course were the most expensive to the administration.[1] She found admirable exceptions to the usual low standard of nursing in the work of the Sisters of Mercy and the *Suore della Sapienza*, but emphasised the absolutely unhygienic conditions of the Sisters' lives. She referred to a circular written by Pope Pius X. in 1906, in which he invited nuns to come in turn to a school of instruction founded under his auspices in Rome, and counselled them to lay aside artificial modesty and learn to be efficient nurses. Some orders could not, because of their rules, follow his counsel, but others were doing so, and were taking instruction from the professors of the university. Signora Celli showed a marked reform in the hours of hospital work—her earlier statistics had been useful. She advised a complete separation of nurses from servants, independence of the ward staff from religious rules, and urged the abolition of the male officials who now supervise the nurses, and the appointment of trained directresses and head nurses, leaving the nuns in full charge of the general administration and household economy.

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[1] The *British Journal of Nursing*, April 30, 1910.

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[1] According to an official inquiry of the Minister of the Interior, a nurse costs the hospital 505 lire, a servant-nurse 463, a nun 446.

Miss Amy Turton has also treated the question of organisation in an open-minded paper, in which she said:

> Such facts [the figures cited by Signora Celli] seem to prove the folly of even contemplating a general laicisation of Italian hospitals, whilst my experience of some fifteen years convinces me that, should it be possible, it would be the greatest of disasters. For, without going into psychological and racial considerations, it cannot be denied that hitherto a large proportion of altruism has been absorbed by the religious orders, and in consequence it would need a generation or two to produce in sufficient numbers women who would devote themselves, their strength, intelligence, and feeling, to the service of the sick, without any impulse given by religious belief.
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> Should, therefore, the seemingly impossible happen, and Italy exact the suppression of religious nursing orders in public hospitals, we should undoubtedly find ourselves deprived of the very element we most desire for pupil nurses, since the odium attaching to those who replaced the Sisters would cause even the most liberal Catholics to hesitate before casting their lot in a camp which would be designated "atheistic" and "freemasonic." The question would inevitably fall into the domain of politico-religious conflict, and the cause of nursing

would be grievously damaged or delayed. We would, therefore, proclaim from the beginning our desire that the nursing question should remain entirely outside all political or religious parties. That our object is solely that of helping to provide what modern science recognises as needful in nursing patients, either in or out of hospital—in other words, the formation of the competent trained nurse. Whether she be nun or secular should be a question of individual choice with private patients, and of the majority in public hospitals. Briefly, nursing, like medicine, should be recognised as a non-confessional profession. . . .

The conclusion to which I come is, that hospitals in those towns desirous of bringing nursing up to date should start training schools on one of the following lines: (*a*) Hospitals which open training schools to lay and religious pupils. (*b*) Hospitals which confine the nursing entirely to a lay staff, retaining the Sisters only for economic and spiritual departments. In each type of hospital the standard of nursing to be identical, and eventually to receive government recognition. In those of type (*a*) the nuns and lay pupils would frequent the same two years' courses of lectures, adopt the same modern systematisation of ward work, and pass the same examination to obtain the same diploma. After two years from the opening of these training schools only those nurses who gained the diploma, whether nuns or lay, would be eligible for the posts of head nurses. In both types of hospital the present staff of servant-nurses would cease to exist. Those who possessed sufficient education and aptitude for the higher training would enter as pupil-nurses of the new school. The others would compete for places as ward-maids.[1]

The year or more that has elapsed since the auspi-

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[1] *Reports*, International Congress of Nurses, London, 1909, p. 53.

A Ward in the Polyclinic Hospital, Rome

cious opening of the new school in Rome has brought only added encouragement. Its roots seem to be well set; the day is probably ripe for the permanent success of a new era in the beautiful hospitals of Italy. Already there are intimations that Florence may follow the example, and two charming Florentine nuns have appeared in the wards cared for by the nurses of the *Scuola Convitto Regina Elena.*

Spain.—Spain must be numbered among those countries where the idea of modern nursing is least comprehended, as evidenced by the story of a travelling American nurse, who was obliged to introduce herself as a "doctress" when visiting Spanish hospitals, as no one knew what a nurse was. Yet there, too, the first ground has been broken, and in the "Rubio Institute" near Madrid a school for nurses was first opened and for a time throve under the care of a German Sister, a member of the German Nurses' Association.

The Institute was the creation of Dr. Rubio, who was a many-sided genius, far-sighted, benevolent and genial, besides being the most progressive and scientific surgeon in Spain. He effected a revolution in Spanish surgery, and was the first to perform there many well-known and important operations. The Institute, for which he obtained funds by a public appeal, is a unique establishment, being actually a small republic in its government. All the beds are free, and the patients' friends and relatives have the standing of guests. While the Institute beds are largely surgical, a circle of "polyclinics" attached to it give general training as well as study of varied specialties.

In 1896, Dr. Rubio first undertook developing a school for nurses, and named it after St. Elizabeth of Thuringia. Genius though he was, the rules and organisation of this school were as extraordinary as could be imagined. The pupils first taken were from a lowly and uneducated element, and, as there was no compulsory free schooling to be had, they were positively illiterate. Undismayed by this, however, his intention, buoyed by enthusiasm, was to give them a thorough professional training in two years' time. Perhaps to banish all coquetry from their minds, perhaps also from motives of convenience and cleanliness, the nurses were made as hideous as possible. Their hair was shaved off, and dark purple woollen hoods, made with earflaps and trimmed with yellow frills, were set upon their heads. The uniform was a dark blue striped cotton of shapeless cut, and on the breast was worn a large cross in yellow linen with the name of the school on it in purple letters. A white apron was worn with it, and winter and summer the nurses had no stockings, only sandals on their feet.

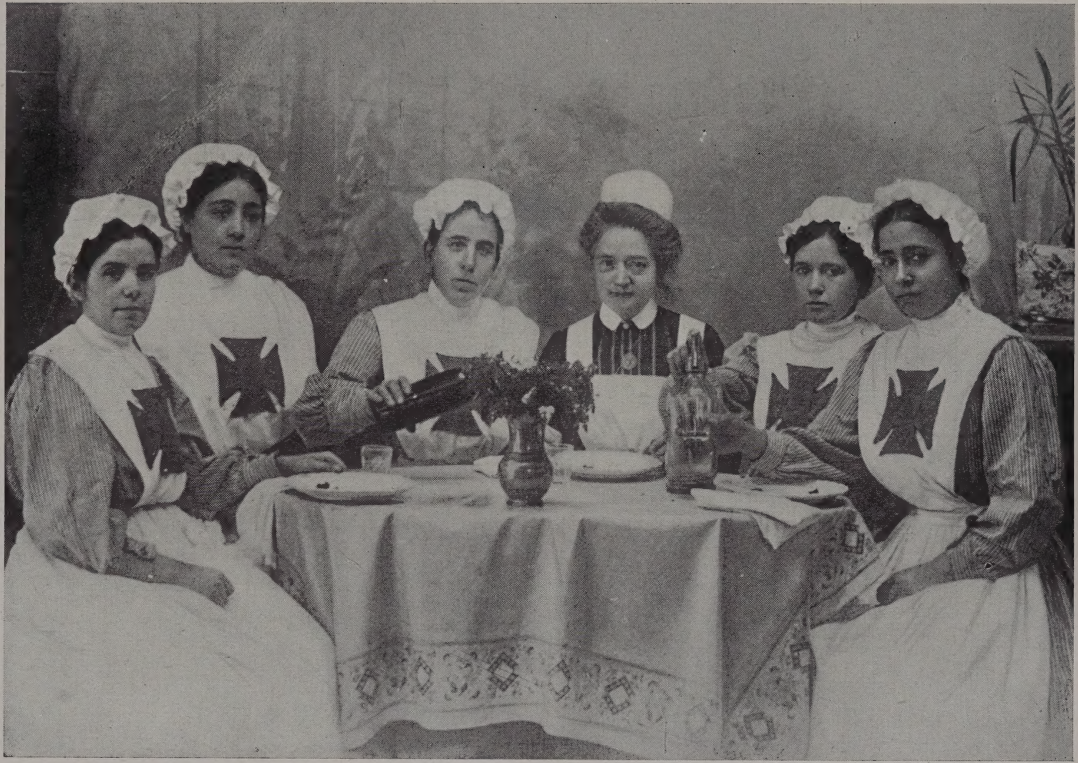
The rules at the outset were exceedingly strict. The pupils were neither allowed to make nor receive visits, and the plan was to keep them so busy that they should have no time for relaxation, which might permit of gossip, or even of thought. Besides the nursing, they performed all the work of the place, cooking, laundering, and scrubbing. In order that they should not become familiar with the patients, their work was changed every eight days in a fixed routine: kitchen, laundry, housework, women's ward, men's ward, eye clinic, ear clinic, general clinic, operating rooms, and then beginning again with the kitchen. Even the directress, who, at first, was selected from among the staff, was changed in the same way every eight days for some time, but, the impossibility of this arrangement doubtless becoming apparent, she was left for one month, then for three, and later for a whole year, in her post.

The first directress to receive a salary was Donna Socorro Galan, who brought about considerable improvement in the domestic management. To her it was due that cooks and laundresses were installed and the nurses relieved of so much of the labour. She remained for about six years in her position, and during the latter part of her administration the training period was lengthened to three years and a sum of money awarded to pupils in the final year if their conduct had been meritorious. The hours, however, retained their mediæval and inhuman stamp. The nurses were on duty from 5 A.M. until 9, 10, or 11 P.M. with scarcely time enough even to eat their meals in peace, while night duty, falling every third or fourth night, gave a stretch of from thirty-eight to forty hours' continuous service. In addition to this, if it was thought necessary to discipline or punish a nurse, it was customary to extend this service even further, or send her to bed without food. In all this grotesque arrangement there was no intention at all of cruelty, but, on the contrary, the most benevolent disposition. It was simply believed to be the proper thing. How the nurses survived is a miracle, and that the patients did is even more remarkable, for the wards were always full of fresh operation cases.

In 1910, the Director of the Institute was Dr. Gutierrez, physician to the Queen of Spain, and under his rule (through the Queen's influence one can hardly doubt, though there is no evidence) the harsh régime was mitigated and an attempt made to introduce modern methods. Dr. Gutierrez now called to the position of Directress a German lady resident in Spain, who had taught in Madrid for a number of years and had also taken the Victoria House training in her native city, Berlin,—Sister Marie Zomak. Before entering upon the difficult work of reorganisation, Sister Marie went to Bordeaux to stay with Dr. Hamilton and Miss Elston and learn of their experience and methods in an environment similar, in some respects, to that she was about to enter. She wrought great changes in the Institute Rubio. The hours of duty were remodelled, night duty set for two weeks at once, with eight hours' sleep for night nurses, and a day off at its termination. The purple hoods were thrown away, and the pupils' hair allowed to grow, white linen caps set on it, and stockings put on their cold bare legs. A certain amount of freedom under proper chaperonage was provided, and visits from relatives allowed.

Of great importance was the perfected instruction. Heretofore the training had all been practical, but now theoretical teaching was given by Dr. Mut, who not only devoted himself with unselfish energy and without remuneration to his class work, but was also an excellent and successful teacher.

Such changes could hardly take place in a conservative country without exciting intense disapproval, and so it was in the Institute Rubio. All the more conventional elements, including ladies who had taken



Sister Marie Zomak and a Group of Spanish Probationers

a philanthropic interest in the work, believed that destruction was at hand, and Sister Marie passed through a difficult time There was one episode, indeed, which left her without any nurses except two who remained loyal, but at that critical moment the whole medical staff rallied to her side, and offered their services to take any necessary part of the care of patients. Sister Marie was on duty day and night for some weeks, and not a patient suffered, nor were operations delayed. A truce then followed for the summer months, and there we leave her, knowing that progress is an uphill path, leading through thorns and over pitfalls.

CHAPTER IV

NURSING IN NEW CONTINENTS

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Canada.—In making a study of hospital and nursing conditions throughout Canada, we are confronted with a great difficulty—the lack of a general scheme of vital statistics and reports. Statistics are provincial records only, and are mostly recent and incomplete. We have, to refer to, the decennial census which takes us back to 1901. There is no Bureau of Public Health, and the health agencies of the Federal Government are scattered in the various departments so that information relative to hospital or nursing matter can be obtained only from individual sources and research.

In the earliest days of her history and throughout the French régime (1535–1759), Canada was indebted wholly to the religious orders which came out from France for the establishment of hospitals and the care of the sick in their homes. Some record of the heroic and perilous lives of the *hospitalières* has already been made in our first volume.

The early French hospitals of which we find authentic records are, in chronological order, as follows:

St. Jean de Dieu, founded in 1629, or shortly after, at Port Royal in Acadia (now Annapolis); no longer in existence. L'Hôtel Dieu du Precieux Sang, at Quebec, founded in 1637 by the Jesuits and taken charge of later by the Augustinian nuns from Dieppe, as related,[1] is still in existence on its original site. L'Hôtel Dieu de Saint-Joseph of Montreal, founded by Mlle. Mance in 1642 and completed in 1644; still in existence. The Hospital for Hurons, founded in Sault Ste. Marie in 1642 by the Jesuits and nursed by them until it was burned by the Iroquois in 1644. L'Hôpital Général in Montreal, dating from 1688, founded by the Sulpiciens and nursed by lay brothers until 1745, when a new order, called the Grey Nuns, founded by Mme. d'Youville, took charge of the nursing; still in existence. L'Hôpital Général of Quebec, built in 1621 by the Recollets as a monastery and purchased from them by Monseigneur St. Vallier for a hospital; given into charge of Sisters from the Hôtel Dieu of Quebec in 1692; figured in the siege of the city in 1759, and still in existence. Two that have ceased to exist are the Hôtel Dieu at Three Rivers, founded in 1697, by St. Vallier and given to the Ursulines, and a hospital at the Fort of Louisburg, founded in 1716 or soon after by five lay-brothers of Charité de St. Jean de Dieu, who filled the offices of Superior, surgeon, dispenser, nurse, and chaplain, respectively. The annals of all of them are replete with accounts of conflagrations, epidemics, and sieges. The Hôtel

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[1] *A History of Nursing*, Vol. I., p. 369.

Dieu at Quebec was twice burned, the last time in 1755, when nearly all its original documents were destroyed. The Montreal Hôtel Dieu was destroyed by fire in 1695, 1721, and 1734. The General Hospital of the Grey Nuns in Montreal was burned in 1745 and 1765, and the Hôtel Dieu at Three Rivers in 1806.

Throughout the ravages of the Indians, the constant warfare between the French and British, and the many epidemics and plagues to which Canada fell heir, these hospitals sheltered and cared for the wounded and sick. Later, when, in 1775, the Americans invaded Canada they figured as military hospitals and barracks.

The hospitals under religious orders in the Dominion now number about eighty-four, of which forty-four are in Quebec Province, For the most part, they continue along the lines of their original, conservative policies, yet the influence of the modern spirit has not quite passed them by, for, within the past decade, training schools for nurses have been started in many of the Sisters' institutions and excellent nurses are sent forth from under their auspices. The religious orders have greatly increased in numbers in Canada, and their monasteries and hospitals multiply as the population and opportunities for them increase. It is, therefore, hardly possible to obtain complete statements as to these institutions and schools, but we shall presently make some record of the most important.

With the settlement by the British, hospitals were established under civil or military control, in the more thickly populated districts, at shipping ports and in towns along the waterways. Gradually the hospital idea grew until now there are found hospitals from coast to coast, not only in the cities and towns, but throughout the country and sparsely populated districts, along lines of railway construction and in remote mining camps far north. Some three hundred or more, exclusive of military, private, and special institutions, exist in Canada, at our writing in 1911, while the estimated total number of hospital beds is fifty thousand. They are supported by public and private subscriptions, aided by provincial or municipal or county grants. Some are entirely maintained by the province or the municipality. Comparatively few have endowments.

A brief account of the more prominent hospitals and training schools is all that we may attempt.

The first hospital, under lay management, was founded in Halifax, in 1750. It stood back of the present site of Government House, and, in 1766, was granted to the city as an almshouse and used as such until 1800, when it was torn down.

The first training school in Canada, that of St. Catharine's, has been briefly described.[1] It was later given the name of its founder and called the Mack Training School. This, the oldest school for nurses in Canada, and one of the first on the continent, has been in existence continuously for thirty-seven years, and is to-day one of the best known of the smaller training schools. It has an atmosphere of distinction and charm and is in every way a place of dignified traditions. The early graduates were called "Sister" and wore an outdoor uniform, but both customs were discarded some years ago. From the beginning the nurses had a separate home, and were never housed in the hospital itself.

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[1] *A History of Nursing*, Vol. II., pp. 354-355.

The first attempt to introduce trained nursing into a large civil hospital was made in Montreal. Quebec Province boasts in the Montreal General Hospital the most important, historically, in Canada. After the war of 1812–1814, and after disbandment of the armies in 1815, when Waterloo broke the power of Napoleon and settled the peace of Europe, there was a great influx of emigrants into Canada from Great Britain and Ireland. The winter closing of the great waterways prevented new arrivals from going far west. Quebec, Montreal, and Kingston were crowded with emigrants, starving, sick, and with no means of support. To cope with the distress, the Montreal Female Benevolent Society was founded in 1816. Through its efforts, in that year, a four-room house was taken on Chaboillez Square and was called "The House of Recovery." The first physician in charge was Dr. T. P. Blackwood, a retired army surgeon. In 1818, a large house, capable of accommodating twenty-four patients, was hired on the north side of Craig Street, near Bleury, and was called the "Montreal General Hospital." In 1820, the land on which the front of the present hospital stands was bought. (It was then called Marshall's Nursery.) The corner-stone was laid June 6, 1821, with Masonic honours, and the following year the hospital was ready for use with accommodation for seventy patients. In January, 1823, His Majesty George IV. granted a Royal Charter. In

1866, the land opposite the hospital was bought and the old buildings on it were removed.[1]

In 1822, a school of medicine was organised in connection with the hospital and called the Montreal Medical Institution. In 1828, this became the Faculty of Medicine of McGill University. This was the beginning of the university, and for some time the medical faculty was the only faculty, was, in fact, McGill University. The General Hospital, therefore, is intimately connected with and is virtually responsible for the establishment of the university.

In 1831, Montreal had thirty thousand inhabitants. That year cholera carried off, in three months, one-tenth of the population, and it was a busy time for the hospital. In 1869, 160 cases of smallpox were treated there.

In an address delivered to the Montreal General Hospital Nurses' Club, December 6, 1905, Dr. F. T. Sheppard, dean of the medical faculty of McGill University, described thus the wards and nursing as they were in 1867:

> The wards were small and rather untidy, the nurses were Sarah Gamps. Good creatures and motherly souls, some,—all uneducated. Many looked upon the wine (or brandy) when it was red. . . . In those days, it was with the greatest difficulty patients could be induced to go into a hospital. It was the popular belief that if they went they would never come out alive. . . . No records were kept. The clinical thermometer had not come into use; the patients had to look after themselves; fresh air was not thought necessary. Armies of rats disported

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[1] *The Canadian Nurse*, March, 1906. "Montreal General Hospital. A Short Historical Retrospect." F. T. Sheppard, M.D.

themselves about the wards. . . . Instruments were looked after by a man who assisted in the operating room and at post-mortems in the dead-house. Nothing was known of sepsis or antisepsis. Surgeons operated with dirty instruments and septic hands and wore coats which had for years been baptised with the blood of victims.

In 1875, the Committee of Management decided to make a change for the better, and in the autumn of that year Miss Nightingale, who was, of course, consulted, and who entered most warmly into the project, arranged for a lady superintendent, Miss Machen (a Canadian), one Sister, and four trained nurses from the Nightingale school to go to Canada, and they entered upon their duties with the good wishes of the public and the hospital authorities. The results attending this enterprise were at first satisfactory, not only in the superior quality of the scientific nursing, but in the influence and example exercised by gentlewomen. Their moral influence and dignified presence in such an undesirable community were not the least of the benefits conferred. But, unfortunately, this advanced innovation was doomed to failure, and, after difficulties, jealousies, restraint, and much unjust public criticism, the hope of establishing a training school was abandoned, and, to the regret of their friends, the Nightingale nurses returned to England. Possibly, had they lived down the jarring notes and shown a little more tact in dealing with a difficult problem, the result of their advent might have spelled success instead of failure.

Naturally, nursing affairs then took a retrograde movement. After this attempt a matron who was not a nurse was appointed to take charge of the hospital, and Miss Anna Maxwell (later of the Presbyterian Hospital, New York) was placed in charge of the nursing department. However, this arrangement, never satisfactory, broke down. Miss Maxwell, finding herself thwarted in her work, returned to the States, and the matron took entire charge for a period of fully ten years, when, in 1889, she retired because of ill health.

Under pressure from various sources the Committee of Management realised that they had reached a momentous period in the history of the hospital, and that, in order to keep in line with modern progress, it was necessary that the nursing be taken out of the hands of the ignorant and uneducated and given over to intelligent and trained women. Applications were called for from both England and the United States for a lady superintendent—a graduate from a training school in good standing. Many experienced applicants for the position declined to accept it when they fully understood the overwhelming difficulties to be combated, but it was finally undertaken in January, 1890, by Miss Norah Livingston, an American, who had recently graduated from the training school of the New York Hospital and who brought with her two assistants, graduates from her own school.

In December of that year the school was formally opened by His Excellency, Lord Stanley of Preston. The nursing department was soon in good running order and the public recognised and supported the nursing reform. In 1891, a class of five nurses graduated. Their names were Ellen Chapman, Georgina

Carroll, Jean Preston, Julia English, and Christine Mackay. In 1906, a preliminary course for probationers was established, one of the graduates holding the diploma of Teachers College, Columbia University, New York, being appointed instructor.

The next large hospital to reform its nursing was in another and neighbouring province, Ontario. The largest hospital in Canada is the Toronto General, containing four hundred beds. Its history briefly is as follows: In 1819 certain lands in York (which in 1834 became Toronto) were granted by the Crown, in trust to four persons for hospital and park purposes. In that year appeared in the *Upper Canada Gazette* the following notice:

> Proposals for building by contract a Brick Hospital in the town of York will be received at the Post Office, by William Allan, Esq., where a Plan, Elevation and particular description of the intended Building may be seen and any information respecting it obtained. Proposals to be given in within one month from this date.
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> York, November 24, 1819.

The original York hospital was built on King, near John Street. In 1832, it was described as "in successful operation and affording to the students daily opportunities of observing diseases and their treatment." In 1847, an Act was passed incorporating the Trustees of the Toronto General Hospital. Shortly after 1847, the present main building on Gerrard Street was erected. To it have subsequently been added several additions. A magnificent new building being erected in the centre of the city, (1912) is to supersede the present building

The training school that it was proposed to establish had, like that of the Montreal General, an initial period of distress. In the *Canada Lancet*, July 31, 1877, we read:

> It is proposed to establish a training school for nurses in connection with the General Hospital, Toronto. Miss Goldie, Lady Superintendent of the hospital, will assume the management. She has had considerable experience in the Franco-Prussian War and in British and Continental hospitals, and is, therefore, eminently qualified for such an undertaking. It is proposed to take in about twenty young women, and distribute them about the wards of the hospital, where they will have to discharge the duties of the nurses already in the place. The period of residence will be about six months, and the fees will be about fifty dollars for the period, including board and lodging. Appropriate lectures will be given by medical gentlemen of the city. Those wishing to enter should apply at once to Miss Goldie.

It was not, however, until four years later, that the training school in connection with this hospital was really established. The nurses employed were women of the type found in hospitals everywhere prior to the establishment of training schools. They received nine dollars a month with board, lodging, and a daily allowance of beer. They occupied bedrooms opening into the wards of which they had charge, and each nurse carried her knife, fork, and spoon in her pocket.

The successful changes which had been introduced into Bellevue, and into the Massachusetts General, encouraged the Toronto authorities in deciding to organise a school for nurses, and in April, 1881, the entire nursing staff, then consisting of seventeen women, was invited to be present at a meeting held in the amphitheatre. Addresses were delivered, and the nurses were told that a training school was to be opened. They were offered the privilege of being enrolled as pupils in training upon the following conditions: They were expected to agree to remain two full years in the hospital and at the expiration of that time to pass an oral examination before a board of examiners. Those who fulfilled this condition were promised a certificate of qualification in nursing, signed by the authorities and by the examiners, and a silver badge. Only five of those present agreed to accept the new state of things, and at the expiration of two years (1883) these pioneers received the certificate and badge of the new school.

After eight years in the hospital, Miss Goldie retired and was succeeded by Mrs. Fulford (née Starry), a graduate of an English hospital. This lady was succeeded in six months by Miss Lucy Pickett, a graduate of the Massachusetts General, who in her turn resigned after eight months' incumbency. To the initiated these brief, quickly relinquished efforts to guide the helm are significant of troublous times, of authority helpless and defied, and of insubordination where discipline should be. The organisation of the training school was still most incomplete. The nurses occupied rooms situated in various parts of the hospital; slept on straw beds; their dining-room was in the basement, and they not only served the meals in the wards, but washed the dishes. As yet they were little advanced beyond the servant class, and their instruction was elementary. At this point the real organisation of nursing was taken up and with undeviating and unremitting patience carried on until fully and roundly developed.

In 1882, Miss Mary A. Snively, a Canadian woman with teacher's training, went to Bellevue Hospital from the little town of St. Catherine's. Miss Perkins was then at the head of the Bellevue school, and when, in 1884, the Toronto hospital trustees applied to her for a superintendent of nurses, she, with that consummate skill in character-reading, and in selecting the right woman for a post which was her most valuable asset, at once sent them Miss Snively, who had just finished her course. For twenty-five years of unbroken service Miss Snively presided over the hospital nursing and the training school. At once dignified and genial, with patience enough to wait a quarter century for the full fruition of her labours, diplomatic and astute in maintaining her position against difficulties, she, little by little, reorganised the school on modern lines.

In 1910, after twenty-six years of service, Miss Snively retired full of honours. She was succeeded by Miss Stewart, a graduate of the Johns Hopkins.

The history of these two women, Miss Snively and Miss Livingston (the latter at the end of 1911 still in her post), is the history of nursing in Canada. Their graduates have gone forth from their hands into every corner of the Dominion, building, developing, reforming, carrying the traditions and atmosphere of the schools in which they were trained. To Miss Livingston is due not only the efficiency of the nursing department of the Montreal General, but the high tone and standard of nursing to-day in many parts of Canada. Miss Snively, strongly social by nature, has been foremost always in public movements, in nursing organisation, in the superintendents' conventions, in committee work, and in educational propaganda. Hers is the credit of having led Canadian nurses in national and international relations and of having cherished the international spirit. She rightly regarded the national associations of Canadian nurses, and their affiliation with those of other countries, as the crowning work of her nursing career.

Having followed the leading figures in the early transformation of Canadian nursing, we return to a brief summary of the conditions in the various provinces, taken serially, and beginning with Nova Scotia. What is now the Victoria General in Halifax was formerly a military hospital founded by the Imperial Government. In 1880, the buildings were taken over by the local authorities and changed into a general hospital under the name of "Provincial and City Hospital" for the Province of Nova Scotia and Cape Breton. In 1896 and later, large wings and buildings were added. Its present name was adopted in honour of Queen Victoria's Jubilee. It is supported by the government of Nova Scotia and accommodates two hundred patients. Its training school for nurses was established by the Executive Council of Nova Scotia in 1892. Only natives of Nova Scotia, men as well as women, are admitted as pupils. The men take the same course as the women, with the exception of two specialties, and

Norah Livingston

Lady Superintendent, Montreal General Hospital
Training School for Nurses

Mary Agnes Snively

Taken when Lady Superintendent, Toronto
General Hospital

some of them have remained for years in the same position. The training of men is regarded here as successful. The school had, in 1911, a roll of forty-five students, seven of whom were men.

The Aberdeen Hospital in New Glasgow has its nurses' school; Charlottetown has a training school in the Prince Edward Island General Hospital; St. John's, New Brunswick, has one organised in 1888. Fredericton was one year earlier with its school

At Kingston, in 1812, a few citizens banded themselves together under the name of the Kingston Compassionate Society with the object of relieving the distress and sufferings of emigrants. The society's work increased, and in 1821 was taken over by the Female Benevolent Association, which, in 1833, appealed to the Legislature of Upper Canada and obtained a grant toward the erection of a hospital. The building was completed in 1834, but owing to lack of means the interior was unfinished until 1837 when a further grant was received from the government.

During the rebellion of 1837–8, on the advice of Colonel Bonnycastle the recently completed building was used for military purposes from May, 1838, to June, 1839. In 1841 the building was changed to some extent and the United Legislature of Canada met there until 1844. In that year the Female Benevolent Association received permission to send their sick poor to the hospital, and a small grant was made by the legislature for maintenance. In 1888, a training school was organised by the late Dr. Fenwick in connection with the hospital. Four nurses composed the first staff, three of whom graduated.

The horrors of 1847, caused by the failure of the potato crop, frightful famine, and the ensuing typhus which made Ireland desolate, can never be forgotten. Hundreds of thousands fled for refuge to America, many died on shipboard, whole others landed on the shores of Canada only to succumb to the pestilence. Thousands died at Grosse Isle, at Quebec, and at every port along the waterways. The hospitals were over-filled and temporary sheds were erected to shelter the victims. In Quebec a private hospital was opened by Drs. Douglas and Racey, who had anticipated the outbreak. It was on the Beauport Beach and accommodated masters of vessels and cabin passengers who objected to going into crowded public hospitals.

During the outbreak this place became overcrowded and consequently the "dwelling house and premises of the old breweries" at Beauport were leased. One hundred and sixty-five cases of typhus were cared for in these buildings.

On June 17th, at Point St. Charles, near Montreal, hundreds were dying unaided. Three sheds two hundred feet long and fifty feet wide were built, and the Grey Nuns went to aid the sufferers. In the open space between the sheds lay the inanimate forms of men, women, and children. More arrived day by day. Death was there in its most appalling form. On June 24, two young nuns were stricken with ship-fever and more followed hourly until thirty of them lay at the point of death. Seven died, while those remaining, overwhelmed with exhaustion, were obliged to withdraw. Then the Sisters of St. Joseph from the Hôtel Dieu took their places. In

September the Grey Nuns resumed their heroic task at the sheds and continued their charitable labours not only during 1847–48, but also later, when, in 1849, cholera replaced the typhus fever.

At this time the only route for the transportation of immigrants to the Canadian West was by Ottawa through the Rideau Canal, which had been opened in 1832. Over three thousand emigrants reached Bytown (now Ottawa), and with them the typhus. The first patients were taken to the Grey Nuns' hospital. Later, the government built sheds for their reception. The nuns continued to care for the fever-stricken, and, before the erection of the special sheds, any improvised shelter such as upturned boats was utilised. The County of Carleton General Protestant Hospital was the outcome of the fever epidemic. Many desired a hospital under the control of the public, to be supported by public subscription. This resulted in the formation of a board, whose efforts were rewarded in 1850 by the erection of the stone building on the lot at the northwest corner of Rideau and Wurtemberg streets. In 1854, Bytown became Ottawa. The original building, until 1875, served as the General Hospital and was then used for contagious cases, until 1903, when the city opened a new Isolation Hospital. In 1907, the old building was torn down.

In 1898, the Grey Nuns established a training school for lay nurses in the Ottawa General Hospital. The superintendent of nurses for some years was Sister Mary Alice, trained in Lowell, Massachusetts, at St. John's. Ten graduate nurses were placed in charge of wards, and affiliation has now been effected with the Maternity and Isolation hospitals, thus securing the pupils in their three years' course, a full variety of services. This was the first of a number of training schools now managed by the Grey Nuns, of which they are justly proud.

In Montreal an institution of the first importance from a medical and nursing standpoint is the Royal Victoria, a general hospital beautifully situated on the slope of Mount Royal, overlooking the city. It was established through the munificence of two Canadian peers, Lord Mount Stephen and Lord Strathcona, each of whom gave in all a round million of dollars toward it. The building was opened in 1894, when the training school was also started. To open and develop it on the most highly advanced plane possible, Miss Edith Draper, of a Canadian family distinguished for intellectual eminence, a Bellevue graduate and old friend of Miss Snively and Miss Hampton, was called from the position she was then filling as superintendent of the Illinois training school. The Royal Victoria school for nurses soon came to rank among the best in America. In 1906, a modified preliminary course was started which includes a domestic science course. The residence for nurses was opened in 1907.

Montreal has a splendid modern Maternity Hospital, affiliated with McGill University, where pupils of the Royal Victoria and the General schools obtain their obstetric training.

The Sisters of St. Joseph, who have served the Hôtel-Dieu of Montreal since 1659, have seen a wonderful growth in their hospital, whose early days were so dramatic. In 1859 it removed from the original site in St. Paul Street to Pine Avenue, and the Sisters now preside over a fine modern building with a frontage of 650 feet, covering two city squares, and containing nearly three hundred beds. The wards are spacious and airy, with modern equipment. The beds are surrounded by white linen curtains. The private wards are large and perfectly equipped for therapeutic bath treatment. Operating rooms and fittings leave nothing to be desired. The dispensing is performed entirely by the nuns. In the large and beautifully arranged pharmacy a Sister is in charge who teaches her skill to the others, while every ward has a nun in charge of medicines and drugs, whose duty it is to compound, in the pharmacy, all the prescriptions and disinfectants needed in her ward, and to see to their administration and use. The electrical department of the hospital is celebrated for its completeness, and was the gift of Dr. Desloges, the Sisters supplying the rooms and assistance. A training school for lay nurses was opened in 1902, at the instance of Dr. St. Jacques. Beginning with five pupils, there were, in 1911, twenty taking a three years' course. The lectures and demonstrations are given by the visiting physicians; the nuns, as staff and supervising nurses, giving the practical teaching. The Sisters, with their novices, are nearly all on duty in the wards. They do no regular outside nursing, but are frequently accorded permission to leave the hospital to perform works of mercy. As these Sisters are strictly cloistered, they never leave the grounds without the consent of the Archbishop. In Montreal there are also several smaller training schools. In the old city of Quebec is Jeffrey Hale's

Hospital, dating from 1864. It is a large and well-equipped modern building, with a good training school.

Excellent schools for nurses exist in connection with general hospitals in Ottawa, Hamilton, London, Guelph, and many other Ontario towns, of which, did space permit, interesting details might be given. In Toronto, the Sisters of St. Joseph have had training work in hand longer than those in Montreal (for it is not clear that the orders are the same, though with the same name), as, at St. Michael's, it was begun at the opening of the hospital in 1892. The course is three years' medical and surgical work, with a three months' preliminary course. The Sisters supervise in wards and operating rooms.

Manitoba has at least thirty hospitals and eight training schools. The pioneer hospital of the West is the St. Boniface General. On April, 25, 1844, three Grey Nuns left Montreal in canoes for the far-off Red River settlement. They arrived at St. Boniface, opposite Winnipeg, on the 21st of June and there immediately established the first hospital in the West, which has grown to accommodate four hundred inmates. A training school was established in 1890, with a course of two and a half years.

The most important Western hospital, however, is the Winnipeg General. In 1871, after the collapse of the rebellion, the little colony of Fort Garry enjoyed a considerable boom, and many volunteers who had come up from the East beat their swords into ploughshares and remained as colonists. Other immigrants came in over the Dawson route, or by river and cart from St. Paul. Houses were few and over-crowded, and, when sickness broke out, conditions were such as to render immediate action necessary. A meeting was called, a board of health formed, and steps taken to begin hospital work immediately. A one-story frame house was the best place that could be secured, and this became the first general hospital of Winnipeg. It was not destined to become a settled institution without its full share of the vicissitudes of the pioneer. For ten years it moved from place to place, doing the best possible work under the worst possible conditions. The present location, reached in 1883, was the eighth occupied. By this time the construction of the Canadian Pacific Railway was well under way, and a large up-to-date hospital was necessary. This was erected and on March 13, 1884, was opened. In 1899, a large Jubilee wing was added to the hospital. In 1909, the hospital accommodated three hundred and fifty patients.[1]

The training school was organised in 1887, and has set the standard of nursing west of the Great Lakes. A nurses' home was built in 1888. Here the nurses also enjoy a summer cottage on the lake, the gift of friends in the hospital administration. We believe this is the only instance in Canada where provision for nurses during vacation is made by an institution. The hospital retains a large staff of permanent head-nurses and employs a nurse as social worker.

Alberta and Saskatchewan, together, have about forty hospitals, some of which have between fifty and one hundred beds. Twelve of these institutions have training schools. In the Yukon, with its frontier life, nursing may be seen in some of its most picturesque aspects. There are five hospitals in the territory, some of which are nursed by Sisters.

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[1] "The Winnipeg General Hospital," by Ethel Johns; *The Canadian Nurse*, June, 1909, p. 298 *et seq.*

British Columbia has fifty-seven hospitals with six training schools, of which the oldest and best known is the Royal Jubilee in Victoria, with one hundred beds, founded in 1890. Its school was established when the hospital was built. The Vancouver General is the largest and most important in the province, with two hundred and fifty beds. In all these hospitals the nursing staff is ample, numbering, on an average, one nurse to three patients. In lumbering and mining districts are hospitals controlled by mills or mining interests. Here and there, nurses are found in tents and shacks caring for the sick, while awaiting the erection of more permanent quarters. British Columbia is so new that the population far exceeds the housing accommodation.

The Columbia Coast Mission, established in 1905 by the Rev. John Antle, has three hospitals for mining and logging camps, of which there are thirty scattered along one hundred miles of island-studded coast. Patients are brought by the hospital steamboat *Columbia*, and sometimes in small open boats. At each hospital are a resident surgeon, a head nurse, an assistant nurse, and a "kitchen-helper," usually a Japanese. Here a medical officer may be found hauling baggage up-stairs, fetching hot water, or even helping to cook. Strict discipline, however, prevails. Space fails to permit of a fuller account of the simple though arduous life led by cultured workers in this mission, to which we owe so much in helping to develop the resources of the country.

Hospitals for Children.—Halifax and Montreal have institutions for children; the former, founded in 1909, with Miss Fraser from the Sick Children's Hospital of Toronto. The Children's Memorial, in Montreal, is a good example of affiliation, for its nurses pass through other hospitals for obstetrics and gynecology. The Foundling and Baby Hospital in this city carries on a milk depot, opened in 1901.

The most important Canadian hospital for children, and one of the most perfect of its kind in the world, is in Toronto. Established in 1875, its training school was opened in 1886 and has become one of the most thorough and progressive on the continent. Its ratio of one hundred and sixty little patients and sixty pupil nurses, as well as a supervising staff, shows that it is well cared for. In 1897, Miss Louise C. Brent, a Canadian graduate of the Brooklyn City, was placed at the head of the hospital and all its departments, and under her rule both school and wards have become models. The hospital owes much to the devotion of Mr. J. Ross Robertson, president of the board of governors, through whose generosity a magnificent residence for nurses was built in 1906. A preliminary course for the probationers was then established, with trained teachers and lecturers. Especial emphasis is given to domestic science. The course is four months long and is included in the three years' term. During training the pupils are sent to affiliated hospitals for obstetrics and gynecology. Some two hundred and fifty nurses have gone forth from this school, many to take positions as the heads of hospitals. Mr. Robertson, whose benevolence extends to the whole nursing profession, has made it one of his amusements to collect a complete library of nursing literature in the nurses' home. He may truly be called the father of Canadian nursing affairs.

During the summer months, all cases of surgical tuberculosis, and as many others as possible, are transferred to the Lakeside Home of one hundred and twenty-five beds, a beautiful spot on an island in the lake.

The Nurses Alumnæ Association, organised in 1903, formed in 1909 the Heather Club, with the aim of giving voluntary care to tuberculous children. Mr. Robertson gave the club a pavilion on the grounds of the Lakeside Home, and during the first year over thirty children were cared for by the voluntary work of the members, each nurse giving two weeks of time. The pavilion then grew to accommodate fifty, and two permanent nurses were taken on, who accept a purely nominal salary as a contribution to the cause, while the voluntary work continues as before.

In the great West, Winnipeg has the only hospital for children, founded first in temporary quarters, with twenty-two beds, in 1909, then given a new building of three times that capacity by popular subscription. To organise its training school in 1911 came a nurse from Guy's, in London, Miss Elsie Fraser.

State Hospitals.—I. There is a system of marine hospitals maintained by the Federal Government, including all seaports. It consists either of small special hospitals, or of arrangements made with general hospitals in seaports to care for sick mariners. The government also maintains hospitals in connection with immigration and Indians.

II. Two Norwegian sailors from a barque called The *Florida* landed in 1815 at Caraquette, Gloucester County, N. B. Later two women, living at Tracadie and Neguaak respectively, who had washed their linen, became lepers. The disease then became endemic among the French settlements on the river Miramichi, the shores of the Baie des Chaleurs, and in parts of Cape Breton. In 1844, a hospital was built for these lepers on Sheldrake Island, near the mouth of the Miramichi River. In 1849, the institution was transferred to Tracadie, N. B., and in 1868 placed in charge of the Sisters of St. Joseph from Montreal. The lazaretto was at first provincial, but after confederation became the property of the Federal Government.

III. From 1800 to 1832 various epidemics affected localities, but none during that time seem to have invaded the whole country. Early in the nineteenth century cholera broke out in the Orient; by 1832 it had reached London, and, with every vessel, the pestilence was expected in Canada. The government took the precaution of opening a quarantine station at Grosse Isle, thirty miles below the port of Quebec. Temporary buildings were erected there, the station was under military control with military medical officers, two companies of regulars to do police work, and artillery with three mounted cannons to prevent ships from passing. On the 8th of June the cholera reached Grosse Isle, and went by leaps and bounds throughout Canada. Within three months, four thousand persons died in Quebec alone. Since then there have been four outbreaks in Quebec Province (1834, 1849, 1852, and 1854). At Grosse Isle, as matters passed from imperial to colonial government, military medical officers and men were replaced by civilians, until finally the station came under the control of the Federal Government. Stations were also opened in 1832 at Halifax and St. John, N. B. Later on quarantine stations were opened at Sydney and Louisburg, C. B., Charlottetown, P. E. I., and Chatham, N. B., Vancouver and Victoria, B. C.

IV. A series of Immigration Detention hospitals was begun in 1904. They are found in Halifax, N. S., Sydney, C. B., St. John, N. B., Quebec and Montreal, P. Q., and Victoria, B. C. Graduate nurses are employed in them as occasion demands during the shipping season. The Detention Hospital in Quebec, which accommodates five hundred inmates (civically and physically unfit) is a particularly interesting post for a nurse.

V. The energies of the State in relation to the Indians are chiefly displayed in reference to tuberculosis. A tent hospital of fifteen beds was founded in 1908 on the Six Nations Reserve near Brantford, Ontario. There is another at Birtle Indian Agency, Man. At Morley, in Alberta, is a wooden hospital, as well as tents, and in British Columbia there are provincial hospitals in which are medical superintendents.

VI. Hospitals for the Insane. Little is known of the condition of the insane during the French régime, and for seventy-five years after the establishment of British rule they were cared for in almshouses and jails. The present system is in process of evolution to a more scientific foundation. The training of nurses for hospitals for the insane has begun, the first example being that established at Reckwood Asylum, at Kingston, Ontario, in 1888, under Dr. C. R. Clarke, then medical superintendent. The course, as everywhere at that time, was for two years, while the curriculum of study was arranged like that in the general hospitals. This departure worked wonders in the hospital. Its graduates took post-graduate courses in general nursing, and succeeded admirably. Dr. Clarke later took charge of the Toronto Asylum and established a training school there also.

In Nova Scotia a school was opened in 1894, in connection with the state hospital at Dartmouth, with a two years' course for men as well as women. Trained head nurses are placed in the wards. Many of these nurses have taken supplementary training and are filling important posts in Canada and the United States, chiefly in hospitals for the insane. The Prince Edward Island institution for the insane at Falconwood opened a school for nurses in 1900. It is a thoroughly well managed and fully equipped hospital.

Though New Brunswick was the first of the provinces to make provision for its insane, by converting an old cholera hospital in St. John into an asylum in 1835, it has, as yet, no regular school for nurses in the Provincial Hospital at Fairfield, into which the original plant was merged in 1848. The Protestant hospital for the insane at Verdun gives its nurses practical training in the care of mental cases, and teaches them general nursing in the infirmary, but has not developed a regular training school.

Of recent times, the question of nursing the insane has been given consideration by Mr. Hanna, Provincial Secretary, with the result that Ontario established a Provincial Board, and all the hospitals for the insane in Ontario (which, as the wealthiest province, has the best provision for these unfortunates), were required to develop schools for nurses. The board appointed an examining staff of medical men, and uniform examinations were held for the first time in 1910 in London, Toronto, and Kingston. A third year was next added to the training, which is thrown open to former graduates, if they desire to take it. Many have availed themselves of this opportunity. In Toronto and Kingston the lecturers are members of the university staff, and exceptional advantages are thus afforded the pupils. The board also discussed affiliation between schools in general hospitals receiving government grants, and those in the service of the insane, as a desirable possibility.

During 1910, in Ontario, male wards for the insane were placed in charge of women nurses, with marked improvement in the management and well-being of patients.

Quebec is the only province in which there are no state institutions for the insane. Its several asylums are owned by private corporations, though the province contributes to their support and has supervision of them. The largest ones are cared for by the Sisters, the Grey Nuns taking charge of 1200 patients in the Quebec Lunatic Asylum, which is their private property, and the Sisters of Providence in the asylum at Longue Pointe near Montreal, with its 2500 cases.

An immense work is yet to be done in raising the status and efficiency of the great numbers of nurses needed to care for these sufferers, and in perfecting their education and training.

VII. Military Hospitals.—Information regarding early military hospitals is vague and fragmentary. There are documents extant, however, relative to such an institution at Kingston prior to 1790. The earliest hospitals for soldiers were, of course, the established institutions at the various towns and posts. At Annapolis and Louisburg there were hospitals established shortly after the garrisons, and they served not only the garrisons but any sick in those places. Between the years 1759–1814 temporary field shelter must have been erected wherever the wounded were not near enough to the established hospitals to be taken to them. At Quebec in 1759, the British took possession of the city hospitals and convents and erected field shelter outside the city, as well as on the Isle of Orleans. Shortly after the occupation of the British, garrisons were established throughout the country, and, in 1793, military hospitals existed in Sorel, Montreal, Kingston, York, Fort George at Fort Niagara, Amherstburg, and probably elsewhere. The present military hospitals of Canada are located at Halifax, Fredericton, Quebec, St. John's, Kingston, Petawawa, London, Winnipeg, and Esquimalt, B. C.

In 1904, a very important addition was made to the militia of Canada, when a regulation added to the establishment of the militia a certain number of nursing Sisters. The Canadian nurses who had gone to South Africa had in every way upheld the honour and credit of the militia, and it was felt right that they should be recognised as part of that organisation.[1] The establishment authorised was twenty-five Sisters, who were given the relative rank of lieutenant in the army medical corps, with a pay of $2.25 a day when on duty, and the allowance of that rank. When the Dominion Government assumed charge of the large garrison at Halifax, with its military hospital of 120 beds, the want of nursing was at once felt, and two nursing Sisters were added to the establishment of the Permanent Army Medical Corps. Miss Georgina Pope, Royal Red Cross (trained in Bellevue), and Miss B. Macdonald, both of whom had served with distinction in South Africa, were appointed to the positions. The Sisters of the Permanent Army have been augmented to the number of five or six and are stationed at other hospitals. The Sisters on the reserve list are required to take a course at Halifax under the nursing Matron.

Army nursing in Canada is carried out by the whole of the personnel of the army medical service in the various military hospitals and during annual training at the several camps. The personnel is composed of officers, nursing Sisters, warrant officers, non-commissioned officers, and men of the permanent medical corps and the army medical corps. The men are trained by the officers and nursing Sisters. If at any time the services of the Canadian forces should be needed for the defence of the empire, nursing Sisters would form an important part of these forces. Preference for employment would, of course, be given to those already holding commissions in the army medical corps.

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[1] *The Canadian Nurse*, March, 1907, p. 129. Article by G. C. Jones, Chief Military Medical Officer to the Dominion.

Anti-Tuberculosis Work.—Slowly the people of Canada are awakening to the need for an active campaign against tuberculosis. To wage effective warfare, concerted action of Provincial and Federal Government is needed, and the difficulties hitherto found in the way of such action must be overcome. The Federal Government's activities on this line now appear in its relations to its wards, the Indians, and to immigrants. With the former a beginning has been made by removing affected Indians from their homes to tent hospitals on the Reserves. A number of such outdoor colonies have been provided, each one in charge of a nurse, who also acts as district sanitary inspector. Nurses are being employed in ever larger numbers to carry out the preventive and educational work of the various local, provincial, and national associations. In Toronto, there are municipal visiting nurses for the tuberculous poor. It is scarcely possible to indicate the extent to which nurses are active in such work, as it grows too rapidly for figures to be followed. Of the hospitals for tuberculosis, most have at least a trained nurse as superintendent, while others have an entire staff of graduates, and still others have training schools affiliated with general hospitals. In this class is the Lady Grey Hospital at Ottawa, which sends its pupils for part of their three years' course to Bellevue and Allied Hospitals in New York.

The Victorian Order.—The Victorian Order of Nurses is the national district nursing association of Canada, founded in 1897 by Lady Aberdeen to do for Canada what the Queen's Jubilee Nurses had done for Great Britain; but with this difference, that not only are the indigent poor cared for in their own homes, but also the people of moderate means. Up to 1897, two large classes had been practically uncared for in time of illness—the indigent poor and the hard-working, self-respecting class who could pay something, but not the fee of a private nurse. In many districts, hospitals did not exist, and where they did, it was often impossible for the patient to leave home. The objects of the Order as set forth in the Royal Charter are stated as follows: (1) To supply nurses thoroughly trained in hospital and district nursing and subject to one central authority, to care for the sick in their own homes, in town and country districts. (2) To bring local associations into affiliation with the Order and to afford pecuniary and other assistance to such local associations. (3) To maintain a high standard for all district nursing. (4) To assist in the building of small cottage hospitals and homes.

The chief object was district nursing, and at first the activities of the Order were directed solely toward that end. During the first three years, local associations for supplying district nurses were organised in the large cities and towns. In the year 1900, during a tour through the North and West, Lady Minto, then Honorary President of the Order, realising that the people in remote regions needed more adequate nursing care, started a fund known as "The Lady Minto Cottage Hospital Fund," from the interest of which grants are made from time to time by the V. O. towards the building of small hospitals in out-of-the-way places where they are most needed. So from 1900 on, the work of the Order has been twofold—district nursing and hospital building and nursing. In 1909, nursing in country districts was developed. In all parts of the Dominion, especially in the West and North, the cry had come to meet the needs of the women on the ranches, homesteads, and farms. This new development is known as "Lady Grey's Country District Nursing Scheme." The plan is to organise local associations in large country districts varying from one to ten miles in radius, within which the nurses work. Continuous and visiting nurses are combined.

The problem of nursing the people in isolated districts can be solved only by an association of people bound together for that purpose. The individual nurse cannot solve the problem herself, nor is it her responsibility to do so.

There is to-day no provision made for the training, licensing, and inspection of midwives in Canada. There are a number of midwives from England and foreign countries who practise, for the most part, among immigrants of their own nationality. Some have been trained in their own countries and many have picked up what knowledge they have as they went about. At present it does not seem advisable to do anything in Canada to encourage the establishment of a training for midwives; but probably the time will come when our foreign population shall have grown very large, when it will be imperative, as it is now in Great Britain and in the United States, to deal with this knotty question. In Canada, at the present time, old country midwives will not solve the nursing problem of the West. Fully trained nurses, nothing less, will solve this problem, and the Order has a complete organisation for doing the work; funds only are lacking.

The structure of the Order is simple. There is the central authority, the Board of Governors, consisting of five appointees of the Governor-General, who is a patron of the Order; of representatives from each local association, and from each medical association, both Provincial and Dominion. This managing board is very representative; each local association is closely tied with the central authority. The unity and strength of the Order are due to this centralised system. Nurses who join the Victorian Order must be graduates in good standing of recognised training schools connected with general hospitals. They must have a thorough training in obstetrics and must have taken, besides, a post-graduate course in district nursing. The work is spreading into other branches of philanthropic effort. In some parts, nurses are employed by the Associated Charities with satisfactory results. In some of our cities the V. O. nurses are working as tuberculosis nurses, often in connection with dispensaries or local bodies. In several cities the nurses employed in the public schools are members of the Order.

The McDonald College of Domestic Science at St. Anne de Bellevue employs a V. O. nurse to give lectures to the pupils and teachers.

There is a nurse on the reservation of the Six Nations Indians near Brantford who works under the New England Missionary Society of England, founded in 1661. She also looks after the social and hygienic conditions on the reservation; for this purpose a horse and trap are provided. In many cities the V. O. nurses work in connection with the Milk Commission, taking charge of the depots and also instructing the mothers in the feeding and care of infants. At Harrington Harbour, Labrador, are V. O. nurses in connection with Dr. Grenfell's hospital. The V. O. has undertaken the nursing of the policy-holders of the Metropolitan Life Insurance Company, which has 200,000 industrial policy-holders in Canada. The total number of nurses working for the Order in 1910 was one hundred and sixty, distributed as follows: In hospitals, thirty-two; in districts,[1] sixty-four; taking post-graduate course, thirty-seven; nurses in training in hospital training schools, twenty-seven. There are four training centres: Montreal, Ottawa, Toronto, and Winnipeg.

New districts are constantly opening up, and as the number of branches increases, more fields of usefulness will be taken possession of and tilled by the workers of the Order.

There are several societies and missions employing district visiting nurses in cities, and in many places are parish nurses, all doing good work in their own way. Welfare work, or nursing among factory hands, as an instructive visiting nurse, has been introduced into Canada, and more than one large factory in Ontario has its welfare nurse. Some of the large departmental stores employ a nurse to care for customers in emergency and to teach hygiene among the staff.

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[1] Districts: Sydney, Baddeck, Canso, Halifax, Yarmouth, St. John, Truro, Montreal, Lachine, Sherbrooke, Grand'Mère, Ottawa, Cobalt, Stratford, Galt, Gravenhurst, Fort William, Winnipeg, Lundreck, Fernie, Vancouver, and Victoria. Hospitals: Harrington Harbour, Almonte, North Bay, New Liskeard, Copper Cliff, Swan River, Minnedosa, Shoal Lake, Yorkton, Melfort, Indian Head, Kasco, Chase, Quesnel, Rock Bay, Revelstoke, Arrow Head.

Settlements.—The oldest settlement in Canada is in Montreal, in connection with the University Club. It has been in existence about twelve years and employs at least one trained nurse. The second in age is the Evangelica Settlement, Toronto, opened in March, 1902. A trained nurse works in connection with this settlement, and effective work has been done in modifying and distributing milk to infants from a depot managed by the nurse, as well as in instructing mothers in the feeding of infants, care of bottles, etc. A third settlement was established in Ottawa, 1909. So far the work has been chiefly voluntary, carried on by lay workers. It is hoped to acquire funds for a nurse in the near future.

Milk Commission.—Chiefly through the efforts of the Women's Council in the larger cities, Montreal, Ottawa, Toronto, Hamilton, Winnipeg, and others, there are depots where milk is prepared according to formulæ and distributed to infants. Usually a nurse is in charge of the depot and a visiting nurse is employed to instruct the parents. Frequently this instruction is given by V. O. nurses, or in connection with settlement or parish nurses' work.

School Nursing.—According to the terms of confederation (B. N. A. Act), education is in the hands of the Provincial Parliaments. Efforts have been made to secure recognition of the fact that sanitary and medical inspection of schools is a state duty. Up to the present time, however, school inspection and the employment of school nurses are dependent upon individual or municipal school boards.

In Montreal, through the efforts of a committee of the Montreal Women's Club, medical inspection of schools was inaugurated in 1906. In January, 1908, two trained nurses, one of whom was on the Victorian Order staff, were engaged by the Board of Health. In March of the same year, the Protestant Board of School Commissioners also appointed two nurses of the V. O. at their own expense, and have since added another to their staff.

Toronto was peculiarly fortunate in securing as superintendent of school nurses "the first public school nurse in America," Miss Lina L. Rogers, whose experience in school work in New York has been outlined in the chapter on the United States. After six years service there, she was called to Pueblo, Colorado, in 1909, to organise school nursing, and resigned this position in response to urgent calls from the Board of Education to go to Toronto in February, 1910. Five assistants were appointed in May and two more in November of the same year. In February, 1911, thirteen additional nurses (making a total of seventeen) were appointed. The nurses inspect the children in the classrooms, referring all cases to the medical inspector for diagnosis. They treat minor contagious skin or eye conditions according to prescribed orders, visit the homes, instruct the parents, explain conditions, and advise. The appointment of Miss Rogers and the excellent organisation of the Toronto school work were largely due to the disinterested labours of Mr. J. Ross Robertson.

The school nurses in Toronto recently considered the question of uniting the public school nurses of Canada for mutual help and co-operation, and, to this end, organised the Canadian Public School Nursing Association. The Toronto public school board offers a one-month post-graduate course, under Miss Rogers's direction. Within one year thirteen nurses took this course with a view to filling similar positions in other cities. In 1911, school nurses were employed in Montreal, Toronto, Hamilton, London, Brantford, Kingston, Stratford, Winnipeg, Regina, and Vancouver.

Education and Organisation.—In considering standards of training and the professional education of nurses, we find lack of uniformity in all respects. There is no standard other than that imposed by custom, which varies in localities. Certain schools there are which rank among the foremost in the world; they have held their own, some by virtue of the hospital with which they are connected, some through the influence of interested hospital boards, but usually through the persistent efforts of individual superintendents of training schools. The large hospitals, as a rule, are graduating capable, well-equipped nurses. On the other hand, there are numerous small and special institutions issuing worthless diplomas in return for two or three years of hard work and inadequate training. This condition prevails, not only in the youthful West, with its sparse population, but, with much less excuse, in the East as well.

The first Canadian schools, with few exceptions, were organised and supervised by women who had been trained in the pioneer institutions of the United

States, and who modelled their work along the same lines, laying down a course of training, at first of two years, with a curriculum corresponding exactly with that of the American schools. As changes in methods of work and training were introduced, often by Canadian-born women, into the United States, they were also introduced into Canada. Many superintendents of Canadian schools were members of the American Society of Superintendents of Training Schools for Nurses, organised in 1894, a society which has exerted a marked influence in Canadian as well as American hospitals. As early as 1896 the matter of a uniform curriculum was brought forward by Miss Snively, then Lady Superintendent of the General Hospital in Toronto, and a paper upon the subject, read by her at the second convention of the society, with the subsequent discussion, had a definite effect in Canada.

The large city hospitals have long lists of applicants from which to choose their probationers, but in proportion as hospitals are remote from attractive centres and environment, the difficulty in securing suitable candidates increases. Schools which are independent as to choice of candidates require a high school education or its equivalent. Those less fortunate are often obliged to accept such candidates as may offer, irrespective of educational qualifications.

Preliminary courses for probationers have been established at the Hospital for Sick Children, Toronto, in 1906; at the Montreal General in the same year, and subsequently at the Victoria, in London, and at the Winnipeg General. The Royal Victoria, Montreal, has adopted a class system which has many advantages. This plan, combined with a modified preliminary course, has been found feasible in many institutions. Two or three schools require a technical course or domestic science training previous to entrance. While nearly all school authorities acknowledge the advantage of the preliminary course, the financing of such a course has proved the obstacle to its establishment generally. The probationary term varies from two to six months. With few exceptions the length of training is three years, while hours of work average seventy weekly during the entire time.

The custom of affiliating special or small institutions so as to give a general training is increasing. We find many instances of small schools affiliated with maternity and contagious hospitals and visiting nurse organisations, by this method giving the pupils the advantages of a thorough general training. For the establishment of this system we are largely indebted to the registration law of New York State, which, while it has no jurisdiction in Canada, admits the registration of such Canadian schools as meet its requirements and accepts their graduates as candidates for registration.

Most schools still adhere to the old system of granting an allowance of a few dollars monthly throughout training. Some supply books and uniforms with no allowance. Comparatively few have paid lecturers, most of them being dependent upon voluntary tuition or lectures by members of the staff. A few schools offer scholarships and many give prizes in competitive examinations. Uniforms consist of the regulation print dresses, white aprons, and caps. Graduates usually wear white linen uniforms. In short, the rules and conditions prevailing in American hospitals obtain also in Canada,—nursing traditions, customs, variations of climate, and social conditions being almost identical, as well as the population, which consists of the original Anglo-Saxon and French, with an increasing proportion of peoples from European countries, Orientals, and an occasional African or North American Indian.

Fields of activity for graduate nurses are ever increasing. We find graduates in permanent posts in the hospitals, acting as instructors and dietitians in institutions, doing office, district, visiting, and settlement work; school nursing, welfare work in factories or with the Milk Commission, inspecting, reporting, and instructing under boards of education and health and with Charity Organisation Societies here and there; also doing literary work, while one at least, in Canada, is the editor of a magazine. Private nursing still absorbs the majority, and for the tactful, thoroughly trained nurse, this demand always exists. Work is obtained through registers, some of which are managed for private gain and others by nurses themselves co-operatively. Graduates usually reside, when off duty, in Homes or in graduate nurses' clubs. The position accorded to nurses in society or in the homes of patients depends entirely upon themselves.

Post-graduate courses are rarely taken advantage of in Canada. The Toronto General Hospital offers a post-graduate summer course. The Hospital for Sick Children in the same city has offered a course in its baby ward. In Toronto, the school board gives a month's course in school nursing, and the Victorian Order gives courses in district nursing at each of its four training homes. If our nurses wished for special or post-graduate training, the hospitals of Canada would gladly arrange for it, to the mutual benefit of all concerned.

At the time this is written we know of two hospitals only employing nurses as social service workers—the Children's, Toronto, and the Winnipeg General. Several have instructive visiting nurses in connection with their tuberculosis dispensaries.

In almost every Canadian city are to be found private hospitals corresponding to the "Nursing Homes" in Great Britain. They are the private property of physicians, nurses, or stock companies. They are sometimes supervised by competent superintendents and nursed by graduates, but too often by young women, who vainly imagine that they are receiving an equivalent in professional education for their time and energies. These inadequate small schools and correspondence schools, together with the unrestricted influx into the Canadian West of disqualified nurses and midwives from the United States and Great Britain, are an increasing menace, not only to the nursing sisterhood, but to Canadian society at large, a menace which can be checked only by the passage of a uniform registration bill in each province.

Activity has been exhibited during the last decade in the formation of alumnæ associations and local clubs and societies. In the different provinces, organisations are forming with intent to obtain state registration. Because of our political structure each province must have its own act. In the past, there has been lack of organised concerted action by the nurses of the various provinces, easily explained by distance and by the early stage of co-operative effort.

Provincial associations, in 1911, are found in Nova Scotia, Quebec, Ontario, Manitoba, and Saskatchewan. That in Quebec is the oldest, having been founded in 1895 in Montreal, as the Canadian Nursing Association. It is affiliated with the National Council of Women of Canada. That in Ontario, named the Graduate Nursing Association of Ontario, founded in 1904, had in the subsequent nine years made three praiseworthy but fruitless attempts to carry a registration act through the legislature.

Local associations of nurses are numerous, all fully self-governing, and every year they are becoming more influential and useful.

The Canadian Society of Superintendents of Training Schools for Nurses was established in March, 1907. Miss Snively, whose efforts in its behalf had been largely responsible for its creation, became its first president, and immediately threw all her energies and prestige into the work of bringing a national society for nurses into being.

During all the later years of her work as superintendent this had been her plan, signified long ago by her standing in the International Council of Nurses as a Councillor and Honorary Vice-President for Canada, for the purpose of the International is to unite national bodies for mutual aims and services.

Miss Snively's good offices were successful at the second meeting of the Canadian Superintendents in 1908, as a national society was then inaugurated and a provisional association formed, called The Canadian National Association of Trained Nurses. The well-merited honour of the president's place was offered to her, and under her leadership Canada entered the international group in London, 1909, at one of the most picturesque and stirring functions in which nurses have ever taken part.[1]

At the fifth annual meeting of the Canadian Society of Superintendents, the work lying to hand for the nurses of the Dominion was graphically summarised in Miss Snively's opening words:

> And now let me enumerate the objects of our association: "To consider all questions relating to nursing education; to define and maintain in schools of nursing throughout the country minimum standards for admission and graduation; to assist in furthering all matters pertaining to public health; to aid in all measures for public good by co-operation with other educational bodies, philanthropic and social; to promote by meetings, papers, and discussions cordial relations and fellowship; and in all ways to develop and maintain the highest ideals in the nursing profession." Every clause there means work. The question of registration is one of supreme importance at this very time, and it is from this society, composed largely of the older and more experienced women in the profession, that help should be expected. . . . Then, too, the influence we may exert on all questions of public health and its allied departments, all those matters which we roughly sum up as

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[1] Second Quinquennial Meeting of the International Council of Nurses, Mrs. Bedford Fenwick, President.

social service problems, is very great. We are demanding more and more in our profession that our members be women of broad sympathies and culture, and, if such are to be encouraged, we must look to our superintendents of nurses to see to it that such qualities are fostered in their pupils. And, too, the social side of our society's work is of great importance. We are all bound together by one bond at least of sympathy and we must try to know one another and work together. . . . Following a suggestion, an effort has been made to arrange for talks to college women on nursing, with a view to attracting the college trained woman, especially for social service work. . . . This society is affiliated with the National Council of Women, and a report will be heard of its work. . . .

In Canada, as in the United States, there is a society, founded in 1907, of hospital superintendents (who may be either physicians or laymen or nurses), many of whose members are nurses, holding positions at the head of institutions. It had been proposed that the society of training school superintendents should form a subsection of this society, and meet with it. The report brought in by the committee in regard to this proposal was a frank and fearless one, and merits careful reading for its dignified self-assertion. It ran:

This committee begs to recommend that this society do not amalgamate with the Canadian Hospital Association—and for the following reasons: (1) There is enough work to be done in connection with training schools to keep one society busy, and the Canadian Society of Superintendents of Training Schools for Nurses can do that work better, more effectively, and more sanely when it preserves its identity. There are many problems for this society to solve, for with its members really rests what the nursing profession is to be. (2) This society in its membership is strictly professional and educational. (3) It has been claimed that the union would make for economy—bargains are very doubtful blessings; that all would reap the benefits of the papers, discussions, etc. But that may be obtained by arranging meetings as they are arranged during this convention; they are held at the same place and programmes are so worked out that members from both societies may attend all sessions, and union meetings and conferences may be arranged for as desired. (4) This society would gain nothing by the union, for the members of the Hospital Association know necessarily very little about the training of nurses, whereas the superintendents of training schools know a great deal about the management of hospitals. The object of this association is to study out all the phases of training school work, so that its members may be mistresses of that branch—authorities—to whom all such matters should be referred.

By all means, let us have sympathetic co-operation, friendly, helpful interest in each other's welfare, but—and this should be the watchword of our profession to-day—let us hold fast to this: We are specialists in training school matters; we are mistresses in that part of the work, and nothing should make us give up that place. Let us hold fast to that, take nothing less. It is in this society, composed, as it is, of professional women of the highest type, that such truths will be fostered, that we shall, by careful study, build up our ideals, know what an influence we may be, and so be able to take our stand where it is intended we should.

The report was presented by Miss Mary A. Mackenzie, Chief Lady Superintendent of the Victorian

Order of Nurses, and was adopted, thus securing the society an untrammelled existence.

With a view to assisting the various provincial and alumnæ associations, the Society of Superintendents of Training Schools appointed, in 1910, a committee to consider standards of nursing education and registration and to confer with the provincial societies as to the drafting of a bill to meet the needs of nurses in all the provinces and, later on, lead to interprovincial registration. This committee consisted at first of Miss Mackenzie, Convener; Miss Louise Brent, and Mrs. Fournier, who were designed to be the nucleus of a large committee consisting of representatives from the national and from each provincial association. The work of this committee was to prepare a model bill to be presented before each provincial legislature, the result hoped for being—Dominion Registration.

The general scheme included affiliation with central technical schools, universities, or groups of hospitals, so as to make thorough preliminary and didactic instruction possible without increased financial effort on the part of individual hospitals.

The *Canadian Nurse* is the official organ of all the organisations among nurses in Canada. It appeared first in 1905 as a quarterly, under the management of a publication committee composed of members of the alumnæ association of the Toronto General Hospital. In another year all the alumnæ societies in Toronto were on this committee, and in 1907 this local publication committee was replaced by a broadly representative editorial board, with a member from every province in the Dominion.

Miss Bella Crosby told the story of its growth, in Paris.

It is to an impulse from the great Canadian West that we owe the founding of our national nurses' magazine.

Miss Lennox, the president of the Alumnæ Association of the Toronto General Hospital in 1904–05, had resided for some time in Alberta and had an opportunity to realise the need of such a magazine, not only in the cities but on the prairies.

Also it is to be remembered that the Association of Graduate Nurses of Calgary, Alberta, wrote to the Toronto Medical Society about the founding of a nurses' journal almost at the same time.

In the presidential address of Miss Lennox, delivered in November, 1904, she said: "The work I most desire to accomplish this year is the institution of an alumnæ journal. . . ."

At the regular monthly meeting of the Alumnæ Association of the training school of the Toronto General Hospital for December 13, 1904, Miss Hodgson gave a paper on the advisability of publishing a periodical.

A committee was then formed, composed entirely of alumnæ members, to promote the enterprise. The greatest difficulty was to find an editor, and finally the nurses persuaded Dr. Helen MacMurchy, an old friend of Miss Snively, and well known for her public work of many kinds, to fill the position until a nurse as editor could be secured.

Already the magazine was assuming a national character. . . . It enlarged rapidly; Montreal, Winnipeg, and other cities lent aid, and before the end of a year, the *Canadian Nurse* was the official organ of eight societies.

. . . The first year closed with a well-established journal, free of debt and with a small balance to its credit. Both editor and business manager were paid a modest sum for time and work generously given. . . . Great services were rendered by Miss Hargrave, who proved herself, from the beginning, an ideal editor of one of the most important departments of the magazine, and endeared herself to the committee and to the subscribers by her unfailing loyalty, interest, and enthusiasm. The same may be said of Miss Mitchell, the convener, Miss Hodgson, the assistant editor, and also of Miss Christie, the business manager, whose work in that department was admirable.[1]

In 1910, Miss Bella Crosby, a graduate of the Toronto General, was made editor, and an editorial board was formed to represent every province and every nurses' association in the Dominion. Yukon, Labrador, and Newfoundland have their representatives, and even the Canadian nurses in the United States have one, upon this board. The *Canadian Nurse* has a future of importance before it, in welding the nurses of the broad provinces into one united body.

Between Canada and the United States there has always been a lively reciprocity in nursing affairs. Because avenues of self-support for cultured women are fewer in the former, more conservative, country, the career of nursing has attracted there a proportionately large number of exceptional women, many of whom, in the United States, have found abounding opportunities, and, in return, have contributed notably to professional progress. Across the border, freedom to develop initiative is greater and more room for experiment is allowed. To a certain extent, British conservatism checks the Canadian spirit at home, and medical guardianship of nurses is, in some centres, fairly strong, while the fell influence of the London group of reactionaries is occasionally perceived in the hospital atmosphere. But nurses realise more clearly every day that they must work out their own salvation. To-day is the dawn of organisation and progress.

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[1] The *Canadian Nurse* "Reports," Paris Conference, 1907.

If you will only multiply the smallest force by time enough, it will equal the greatest; so it is with the slow intellectual movement of the masses. It can scarcely be seen, but it is a constant movement. It is the shadow on the dial—never still, though never seen to move. It is the tide—it is the ocean, gaining on the proudest bulwarks that human art or strength can build. It may be defied for a moment, but in the end it always triumphs.

Newfoundland, the independent little British colony, conservative, and cherishing its individuality has given the profession of nursing some of its best members. Its first hospital was a military one in St. Johns, first in use during the middle of last century. About 1870 that series of enlargements began which now make it a general hospital maintained by the government, and having a capacity of something under 150 beds. Only ten years ago training was unknown in Newfoundland nursing. To celebrate Queen Victoria's Jubilee, the women of the island gave the general hospital two wards for women, and in 1903 a training school was organised there by Miss M. Southcott, who came from England with the certificates of the London Hospital, the London Obstetrical Society, and the Plaistow midwifery course. This school, still small, has an excellent three years' course covering all branches of work. Near the General is a government hospital for contagious diseases, and a convalescent home founded by the "Ladies of the Cowan Mission" in memory of the hospital's first Matron, Miss Cowan. The government also controls the hospital for the insane.

Anti-tuberculosis work, well under way, is partly under private and partly under governmental direction. At the camp started by the Daughters of the Empire, a St. Johns General graduate, Miss Campbell, was the first nurse to take charge, and the same hospital supplied the trained women who initiated visiting work in the city and outposts, and who, in the summer, make the tour of the whole coast. Nursing organisation, spoken of but, up to 1911, not brought about, must soon come.

Labrador.—Upon the coasts of Newfoundland and Labrador is carried on one of the famous missions of the world, known widely and well as Dr. Grenfell's work among the deep-sea fisherfolk of the Northern coasts. Wilfred Thomason Grenfell, whose spirit imbues the whole, was born in England in 1865 and engaged as a medical missionary in the work of the Royal National Mission to Deep-Sea Fishermen, in 1889. He fitted out the first hospital ship for British fisheries in the North Sea, and in 1892 went to Labrador, where he devotes himself to the religious and industrial improvement and the medical and nursing care of the people. A man of keen practical sagacity and much magnetism, he has enlisted nurses to help him, whose lives and duties are among the most picturesque in all the annals of district nursing. A Canadian graduate of the Illinois training school, Miss Edith Mayou, became his chief head nurse, and the alumnæ of the Johns Hopkins school undertook a sort of sisterly responsibility to keep his staff filled, and have sent several of their Canadian members to posts in Labrador. The Mission has five hospitals, four on the Newfoundland and one on the Labrador coast, while other stations are opened up yearly, where the boats call to treat and transport patients. Original articles by nurses in the *American Journal of Nursing* and that of the Johns Hopkins Alumnæ Association give graphic accounts of their life among the simple seafaring people and well merit a transcription, for which our pages are too short.

Australia.—A hundred years ago, in October of 1811, the first hospital erected on Australian soil was opened for the reception of patients. With the Sydney Infirmary (now Hospital) the history of nursing in Australia begins. Were it possible to obtain a faithful picture of hospital life in the early days, we should, no doubt, be surprised at the rapid strides made by the nursing profession in the last fifty or sixty years. For although some of the hospitals date back to the earlier decades of the last century, the nursing practised within their walls was very primitive. The early Matrons were housekeepers, who attended to the feeding of the inmates, and the care and cleansing of the house. It is re-

A Nurse in Labrador Sculling for Supplies

By Courtesy of the *American Journal of Nursing*

corded of most of them that their institutions were models of cleanliness, which is, considering the disadvantages under which they worked, a record of no mean attainment.

As early as 1868, however, a training school was established by Miss Lucy Osburn, Lady Superintendent of the Sydney Hospital. Miss Osburn was one of five Nightingale nurses who came from England in March of that year. The *Australasian Nurses' Journal*[1] says that she and her companions were specially selected by Miss Nightingale herself as suited for work in the colony, at the request of Sir Henry Parkes, who had corresponded with Miss Nightingale about his desire to alter the nursing system in the Sydney—then the only large hospital in the city. That the early Nightingale nurses were a remarkable group of women is emphasised afresh by every recollection of them. In 1911, two Australian nurses were still living who had been trained under Miss Osburn, and one of them said of her: "She was an exceptional woman, well-read, having an absolute fascination of manner and an indomitable will. She looked upon nursing as the highest employment a woman could take up. . . . To her it was a holy mission, and should be entered into in a spirit of devotion, . . ."

Within four years the five nursing missioners were scattered over Australia, doing pioneer work in new hospitals in other colonies.

Five more Nightingale nurses were brought out by the Tasmanian government a little later, and set to work in Hobart and Launceston, where training schools were, in time, established. Few of these nurses kept long to their original centre, their services being requisitioned by the new hospitals springing up all over the continent. It was, therefore, the personal work and influence of the Nightingale nurses that began organised nursing, and subsequently organised training schools in Australia.

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[1] *A Pioneer of Trained Nurses*, p. 364, November, 1911.

In October, 1911, the Sydney Hospital celebrated its centenary with suitable ceremonials and events, of which the one of most significance to nurses was the endowment of a bed by nurses past and present, for sick members of their guild.

In 1871, Miss Haldane Turriff, one of the first Sisters of the Sydney Hospital, and a Nightingale nurse, was asked to take the matronship of the then new Alfred Hospital in Melbourne. This was one of two built to commemorate the visit of the Duke of Edinburgh to Australia, the other, the Prince Alfred, being in Sydney. Both have become important and valuable training schools for nurses. The former enlarged and improved its training in the eighties, under the administration of the medical superintendent, Dr. Backhouse, the nurses' course being lengthened to two years in 1887. Under the matronship of Miss M. D. Farquharson, an English nurse who was at the head of the school from 1890 to 1895, it was lengthened to three years. Miss Farquharson stood on the Council of the International Council of Nurses from its inception, representing the Commonwealth of Australia.

The Prince Alfred Hospital in Sydney, which is an especially well-equipped and up-to-date institution, owes much of its prestige to the long service of Miss

S. B. McGahey, as Lady Superintendent, there. During the time she was connected with it she made a tour of the world, coming on the way to the Congress of Nurses in Buffalo, U. S., and taking back all the best ideas then available as to hospital construction and fittings.

The Melbourne Hospital, which underwent rebuilding sixty-odd years after its foundation, opened its doors in 1848, its sole resident staff being an apothecary and a Matron. For many years the Matrons of this institution were only housekeepers, and, when the increasing number of inmates called for more attention, the staff was purely domestic. As in all Australian hospitals of that day, nurses' duties consisted in feeding the patients and keeping them and the wards clean. Almost all, even the most elementary details of nursing, such as taking temperatures and giving medicines, were carried out by the medical staff. The founder of the training school in the Melbourne was Miss I. J. Rathie, an Edinburgh Royal Infirmary nurse, who came from Hobart to the Melbourne in 1890. She brought with her two certificated Sisters, who assisted her in organisation. Miss Rathie was followed after five years by Miss Farquharson, who was the first here, as she had been in the Alfred Hospital, to give the nurses theoretical as well as practical instruction. They appreciated it intensely, and Miss Farquharson's ten years' service in these two hospitals did much to set the high standard of professional instruction demanded by Australian nurses to-day.

Miss Weedon from the Charing Cross in London was the first trained Matron of the Brisbane Hospital. She established the training school in 1885, and the first certificates were given in 1888. Previous to 1885, nursing in Queensland was very primitive. There were few nurses, if any, who had had the advantage of regular training.

In Adelaide, the General Hospital was, until the year 1886, under the management of a housekeeper. In that year, two ladies trained in the London were appointed as day and night superintendents, and a training school was opened there. About 1886–'88, regular organised training of nurses was established in most of the metropolitan hospitals, and certificates given. At first there was considerable difficulty in obtaining sufficient numbers of suitable probationers, and in some places it was even found necessary to advertise for them. There was a strong feeling against the name of the trained nurse, and of course the necessary changes in hospital administration met with much criticism. There are stories still told of medical men who were openly opposed to such a dangerous practice as the training of nurses. There were many difficulties to be faced and much hostility to be put up with, but the courage and enterprise of the promoters of the movement were not to be quenched by any amount of wet-blanketing.

Each town of any size has several hospitals, including those for children, for infectious diseases, and for midwifery. There are also hospitals for eye and ear treatment and for the treatment of mental diseases.

Hospital training has naturally changed in many ways since the training school movement began. Originally nurses' bedrooms and board were of the plainest and roughest description, and their hours were very long. The duties required of them included a vast amount of housework, which exhausted their strength and devoured their time in a most needless way. By degrees ward maids and housemaids were introduced, thus relieving the nurses of much purely domestic work; more men were employed as porters, and nurses were no longer subjected to the harmful strain of carrying heavy patients and moving furniture. The older hospitals have been either remodelled or rebuilt, and modern labour-saving contrivances, lifts, etc., have been used. All this, with the increased comforts in nurses' homes, has made the life of the pupil nurse much less trying. She has now more time to devote to mastering the intricacies of her profession. New duties and fresh responsibilities have been laid upon her, and she is a much more highly trained woman than her sister of the eighties and early nineties.

The general management of nursing education and public affairs concerning nurses is in the hands of two governing bodies, one, the Australasian Trained Nurses' Association, having its headquarters in Sydney, while the state of Victoria has its Royal Victorian Trained Nurses' Association. There is, besides these, a branch of the Royal British Nurses' Association in South Australia, which is in close touch with general nursing affairs. The Councils of the Australasian and Victorian associations are composed of medical men and members of the nursing profession. There are representatives of the Matrons of hospitals, of the nurses themselves, and special representatives of the special training schools and the subcentres.

Of the beginnings of the Australasian Trained Nurses' Association, Miss McGahey reported, at the Buffalo Congress, that, as early as 1892, a meeting of medical men and nurses had been held in Sydney to consider what steps could be taken to form an association in that city, but so great was the diversity of opinion as to what constituted a "trained nurse" that no agreement could be arrived at. We next find that, in 1894, the Matron of the Launceston Hospital in Tasmania, Miss Milne, came over to New South Wales to confer with the Sydney Matrons upon the possibility of starting a nurses' association. On her return to Tasmania she tried to bring about the plan discussed, but soon found the time was not opportune. Miss Milne's keen interest in the social and educational progress of nurses induced her to consent to act as honorary Vice-President of the International Council of Nurses representing Tasmania, in which position she stood for international relationships and professional union. A few years more brought success, for the small band of leaders was not to be daunted, and in 1899 another meeting was held in Sydney, New South Wales, and that association was founded which, at first, was named after the colony in which it arose, but a few months later, because of its membership from all colonies, was given the comprehensive name of The Australasian Trained Nurses' Association. Among the objects agreed upon at its inception was this one: "To establish a system of registration for trained nurses." The late Dr. Norton Manning was chosen as its first president, and Miss McGahey and Dr. Mills were made honorary secretaries. They worked most enthusiastically at the general arrangements, and very soon evolved regulations so broad and so suitable that to-day, twelve years later, there are very few alterations, and these same rules govern the training and registration of nurses throughout the length and breadth of the continent.

The Royal Victorian Trained Nurses' Association was inaugurated in June, 1901, with Dr. J. W. Springthorpe as its first president. The association was fortunate enough to remain under his guidance until 1911, when he retired, and Miss Ayres, Matron of the Alfred Hospital in Melbourne, was elected president. This was the first time in the history of either of the Australian associations that a nurse was elected as presiding officer, and the event was commented on in the nursing journals with general approbation. The *British Journal of Nursing* said of it:

> The selection of Miss Ayres may be looked upon as a very happy augury for the future status of nursing in Victoria. Of Miss Ayres's professional work it may be said that no one has done more to raise nursing to a high standard than this lady, who, as the senior Matron in Melbourne, is beloved and respected throughout the state. Miss Ayres was one of the original founders of the Royal Victorian Trained Nurses' Association, and has worked loyally and effectively for its success.

The two associations entered into a reciprocal agreement in March, 1902, and local councils of the Australasian Association were gradually established in Queensland, South Australia, Western Australia, and Tasmania. Each council is practically a self-governing body, only certain points, mostly interpretation of rules, being referred to the Central Council. The various councils all work with the same rules, and alterations to existing rules are referred to all states before final decision.

The purposes and methods of the two ruling Australian associations are exceedingly interesting and worthy of careful study, while the results they attained are unique, for in no other country has a voluntary association of nurses—or of physicians and nurses—succeeded in imposing an educational standard on hospitals to the extent and degree witnessed in Australia, without state registration and simply by the force of its membership regulations and oversight of the whole nursing field. Through the two associations, working reciprocally, the training schools throughout the continent have been brought into line, and by means of a central examination for membership, held every six months, a high uniform standard has been attained. The minimum length of training has been fixed at three years in hospitals with a daily average of over forty occupied beds; four years for those of over twenty beds, and five for those of over ten. Each hospital recognised by the associations as a training school agrees to abide by the schedule of training laid down by the associations, and sends in to them annual reports of the progress of each pupil or nurse in training. In this way the Council keeps in touch with its future members from the day they send in their papers to the Educational Committee; for every candidate for hospital training has to produce evidence that she has attained to a certain standard of education, and, failing such evidence, has to pass an

Susan B. McGahey

Hon. Vice-President, International Council of Nurses from Australia

Julia Rachel Ayres

Late Matron of Alfred Hospital, Melbourne, Victoria

examination to prove that she is sufficiently equipped as far as English and arithmetic are concerned.

In much the same manner the training, preliminary educational test, and final central examination of obstetric nurses seeking membership is controlled by the association. Throughout Australia the time of hospital training in this specialty is twelve months, except in the case of general-trained nurses, who may qualify for an obstetric certificate by six months' training in a recognised obstetrical training school.

In 1911, the Australasian associations added another branch of nursing under similar rules, namely, that of mental nursing. For this specialty, a three years' training in a recognised government hospital for mental cases of not less than one hundred beds is required. Should registered mental nurses wish afterwards to train in general nursing, their mental certificate enables them to start in the second year of a three years' training school, the theoretical and practical tuition being on the same lines in both classes of hospitals during the first year. The associations provide for the registration of nurses holding general hospital certificates, also for those who hold, in addition, certificates of special training. Instruction in invalid cookery is an essential part of the general training. Nearly five thousand members belonged on the rolls of the two associations in 1910–11, these numbers showing what a power they have made themselves.

Nevertheless, in spite of the unusual power and influence gained over hospitals in specific points of educational requirements by the associations of nurses, and despite the results gained by voluntary registration, far surpassing those achieved under voluntary auspices in any other country, the nurses and medical men of Australia came gradually to the conclusion that they must have the interference of the state in order to cope successfully with those institutions whose own standard as to education, or convictions of self-interest, clashed with the public good, as such centres could not be reached by the means available to a private society. For some years the growing evidence in this field occupied the minds and meetings of nurses. In April, 1906, a conference between delegates of the two associations was held in Melbourne, where many matters of common interest were discussed. Again, in July, 1909, a second conference took place in Sydney, and was attended by delegates from all the states of the Commonwealth working under the Australasian Trained Nurses' Association. One important subject discussed was the necessity for state registration, which was unanimously recognised as pressing.

To provide for this reform, a bill was prepared and introduced by Dr. Mackellar, to whose unselfish labours in its behalf the gratitude of the nursing profession is due. Among the deputation which waited upon the Minister of Public Instruction in the New South Wales Government were Miss Kendal Davies, Miss Gould, Miss Newill, Mrs. Ashburton Thompson, and Miss Sanders, as well as a number of physicians. Of the outlook for success the *Australasian Nurses' Journal* said in May, 1911: "There seems every probability of having state registration of nurses in New South Wales by the end of the present year, judging by the favourable reception accorded by a minister of the Crown to the deputation of the Australasian Trained Nurses' Association." This bill was passed in the Upper House, but before it went farther Queensland came to the front. In 1911 its government amended the Health Act, and nurses were taken by surprise to find that some insufficient clauses were being added, providing for registration. The Queensland Council at once called a special meeting, and the wishes of this professional body were submitted to the ministers, with the result that all their amendments, except two, were accepted. On January 1, 1912, the act went into effect. It is considered by the nurses fairly satisfactory, and they will keep a close watch upon its administration. Of this event Miss Garran, secretary of the A. T. N. A., said:

> Under Australian conditions there are certain great advantages in the work of registration being done by the government, but there are also very great advantages in the present system of an independent body, which, though it receives government support and approval, is yet free from political influence. With our uniform system of training, examination, and registration, we are not so urgently in need of state registration as in a country like England where every hospital is a law unto itself. Here there is one system of registration and one standard from end to end of the continent. State registration will to a great extent break up this uniformity, as each state will have its own law on the subject. The aim of the A. T. N. A. is to bring pressure to bear in any state where a bill is introduced, so that any proposed legislation may be brought into harmony with our methods and standards, but there are bound to be many and great differ-

ences in the laws passed by the various parliaments and in the regulations and by-laws passed by the local government boards. . . .

The tendency in Australia—a tendency which has increased during the years that women have had the suffrage—is for men and women in all political, social, and professional associations to labour side by side at the work in which they are mutually interested and not to separate into opposite camps. This is especially the case with nursing, where, whether in hospital or in private work, the one cannot do without the other; and, indeed, from all I can gather from Australian nurses who return from their travels abroad, it seems that doctor and nurse work together on much more equal terms here than is the case in most countries. Certainly the medical men in Australia have worked hand in hand with the nurses to raise their professional training and status.

Two professional journals are published monthly in Australia, the *Australasian Nurses' Journal* being the organ of the older society, while *Una* is the periodical of the Victorian nurses. They are keenly alive on educational matters, giving much space to reports and discussions relative to the enforcement of their standards upon hospital training schools, and publishing fully the status of the various institutions from this point of view. They follow the economic circumstances of nursing with close scrutiny and clear vision, never losing sight of the need for keeping a good standard here as well as in education.

Private nursing is the branch which accounts for the largest number of nurses on the register. There is abundance of work during the greater part of the year, the demand for nurses at times exceeding the supply. Private nurses are usually attached to a nurses' home. These homes charge a small weekly fee, and act as agents for the nurses, providing them in turn with cases. When they are in residence in the home, moderate board is also charged. Nurses belonging to the various homes are under the direct protection and guidance of the lady superintendent.

Private hospitals which are registered by the associations are pledged to employ only certificated nurses on their staffs. It is, therefore, now impossible for patients who pay for skilled attendance to be left to the uncertain ministrations of the partially trained nurse.

It has long been evident that a considerable portion of the community was unable to face the ordinary nursing or private hospital expense, and yet not prepared to ask for treatment at the public hospitals. In consequence of this fact, much attention has been given of late to the question of the nursing of the less well-to-do. At the time when this is being written, some scheme for providing an intermediate hospital is being discussed in connection with the Friendly and Provident Societies.[1]

The nurses themselves have, to some extent, grappled with the problem, and have instituted visiting or hourly nursing. Much good work is being done, many sick folk being thus enabled to receive skilled attention in their homes, who otherwise would go to swell the hospital lists. It has been found possible also to overtake a number of cases where some attention was required, but where the members of the family were quite capable of attending to the patient, once the important details were seen to by the nurse. The visiting nurse is a boon to the tired nurse with a heavy case, to give assistance with especially difficult procedures, or to relieve the nurse, in times of stress, for exercise or sleep. She has been well worth her small fee, and has, in some cases, saved the patient the expense of a second nurse. District nursing does very similar work in poorer circles, and it would be impossible to over-estimate its worth.

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[1] These intermediate hospitals would probably receive patients who could pay a small reasonable sum per week, as is so widely customary in American hospitals.—Ed.

"Bush nursing" is in its infancy, but it shows signs of lusty health and rapid development. Bush nursing means, in Australia, what rural nursing means in other countries: It is intended that no settler however remote, no little home, in however distant and lonely a part of "the bush" it may be found, shall be isolated beyond the possibility of skilled nursing care in time of need. Bush nursing is a big scheme and calls for much forethought and careful administration. Enthusiastic women, old enough to be experienced, yet young enough to be adaptable, are needed to fill positions as bush nurses; above all is it of the first importance that nurses undertaking such work should have had the fullest, most thorough, most well-rounded training that their country is able to give them, both general and special, for such women must be, in the widest sense, missioners of health as well as nurses of the sick, and they should be the very flower of their profession. This principle has been recognised in the high standard of qualifications demanded for nurses entering this service in Australia, and it may be concluded from the history of current events that the power of the professional associations of the country was successfully exerted to secure a model pattern for the equipment of the bush nurse.

The Countess of Dudley has placed the Commonwealth in her lasting obligation by the splendid work she performed, in spite of much difficulty, in organising bush nursing. Others have helped, some with generous gifts of money—among these Madame Melba—but it was Lady Dudley's keen interest and untiring, enthusiastic work that began bush nursing in Australia. It had been her hope to establish it on a federal scale, covering the whole country in one harmonious network, and in the planning with this aim in view, Miss Amy Hughes, General Superintendent of the Queen's Institute in the mother country, had been called to Australia to confer and counsel. The large federal system, however, was not destined to spring full-fledged, and bush nursing began under state auspices, the first nurse being installed at Beech Forest early in 1911. From this beginning it will, without doubt, spread from state to state. Tasmania has been making efforts to provide bush nurses for the many islands grouped about her. These islands have been for months in the year unable to obtain either medical or nursing assistance.

Medical inspection of school children is enforced throughout Australia. In Hobart a nurse has been appointed to assist in such work, which will doubtless become more highly perfected and demand nurses in large numbers, providing a new opening for capable women as well as ensuring the well-being of school children.

Lady Talbot has also left Australia a memento of her work for the sick and afflicted in the Talbot Milk Institute which she inaugurated during her husband's term of office as State Governor of Victoria. By means of this charity pure milk and ice are supplied to delicate babies. Two nurses are employed in connection with this institute, and their oversight and educational work, aided by the sufficient supply of pure food, has meant health and strength to many a puny, delicate child of the stifling back streets. Numbers of little lives must have been saved by the Talbot Milk Institute.

In some centres nurses are employed as sanitary inspectors; while at least one insurance company is using a nurse in investigating and caring for "sick-pay" cases.

Nurses' clubs are being talked of everywhere. Though few have as yet come into existence, the need is felt, and very soon every centre will follow the example of Sydney and have its own club. This will do great good, for the social side of nursing life might with advantage be improved and developed.

Australian cities are said to be too lavishly supplied with institutions for the relief of the sick poor. It is claimed by some that the work could be done more conveniently and at much less expense of time and money, were the many merged in the two or three. While there is much difference of opinion on this point, it would undoubtedly be of advantage to the student of nursing to be able to take her special courses in her original training school, instead of, as at present, waiting admission to another hospital.

There are registered training schools in all the larger towns of the states, while in the small country towns there are cottage hospitals which are often very well built and up-to-date as to their equipment.

With regard to the untrained nurse, she is with us in large numbers, continually exemplifying the truth of the saying—"A little knowledge is a dangerous thing." In midwifery practice especially she may be described as a danger to the community. But the day is at hand when all midwifery nurses working in Australia will be required to pass a state examination and be registered by the state.

Much has been done in every way, during the past twelve years, by the two leading associations, but no record can give the true value of the work done by many individual women in the early days. To the Matrons and Sisters of our hospitals in the various states is due the advance from that time when ignorant and uneducated women, many of whom could not even read and write, staffed our hospitals, to the present satisfactory state of nursing progress. The true history of Australian nursing is the story of the life-work of many honourable women.

New Zealand. New Zealand is one of the youngest of Great Britain's daughters; discovered in 1769 by Captain Cook, she was not settled for many years later. The history of the care of her sick in early days is fragmentary, and few records are reliable until the times when, population becoming more concentrated in some centres, the different provincial governments found it necessary to provide hospital accommodation for the people. There was no settled system of nursing, nor were there trained nurses.

The Auckland was the first hospital established, the city of Auckland being the seat of government for the North Island. A site was set aside in 1850, and the patients now partaking of the benefits of the hospital have to thank the officials concerned for their choice of a most beautiful spot. The large area of land chosen is on a rise commanding an extensive and most lovely view of the harbour. Here a small building was erected in 1850 or 1851, no part of which now remains. It was designed by the Rev. Mr. Thatcher, private secretary to Sir George Grey, and had about ten beds for each sex, with living rooms for the Master and Matron, but no room for a resident physician. There were no female nurses other than the Matron. Dr. Mackellar was the first medical officer. The hospital was managed by the provincial government until the abolition of provinces in 1875. At that time a stone building was put up which forms the nucleus of the present large hospital. Up to 1883 it was under government control, when it was placed under a committee in part nominated by the governor and in part elected by the subscribers. A government inspector was then appointed to supervise all hospitals. This was Dr. Grabham. His first report describes the nursing in this institution in 1883:

> The female nursing (which is confined to the large ward for females and to the female fever ward) is performed by the Matron, an assistant nurse, and a night nurse. The Matron takes her meals in an adjoining room, but sleeps at home, as also does the night nurse. In this division of the hospital the patients appeared to

be well and kindly treated. Everything was, moreover, orderly and very clean. I cannot, however, approve of the arrangement whereby at present the same nurses attend upon the ordinary patients and those suffering from fever. The same thing is done when scarlet fever is present. The male fever ward has nine beds; eight of these are occupied by typhoid fever cases, and the other by an old patient, who does the whole of the nursing. At present he has some assistance from a convalescent patient, and he certainly does everything in his power for the good of those under his charge. The ward he keeps beautifully clean also; but the arrangement is a very bad one, and may end in disaster. The nursing—if I may call it by that name—in the other male wards is of the most wretched description. In No. 1 there is an old man who is paid to take charge of it. No. 3 is under the care of another old man, brought from the Refuge for that purpose. . . .

The committee then appointed a trained nurse as superintendent and made Dr. E. D. Mackellar resident house surgeon with quarters in the building. In the inspector's next report, written in 1884, he dwells on the improvements made since his former visit, and his satisfaction with the manner in which the committee and medical officers of the Auckland and other hospitals had received and carried out his suggestions. He then said: "We have now many establishments which, in their arrangements, order, and comfort, will bear favourable comparison with any of the European hospitals with which I am acquainted, and a spirit of emulation has sprung up in the Colony which cannot fail to have a wholesome effect." He goes on to say that a very excellent system of nursing is in full operation at the Wellington and Christchurch hospitals, where well-educated ladies may be seen serving their apprenticeship with other "probationers." There were, however, apparently no regular training schools yet initiated. Miss Crisp is specially mentioned as possessing "in an eminent degree the qualifications which are desirable for her present position, and is ably seconded by her assistants."

Miss Annie Alice Crisp, the new Lady Superintendent, was a certificated nurse, trained at Netley, and had been in active service in Egypt. On her appointment Dr. Mackellar recommended a staff of women nurses for the men as well as women patients. At this time the number of beds was—male, seventy-three; female, twenty-seven; no children's beds. Miss Crisp had as staff twelve nurses, two housemaids, three porters, cook and assistant. Five years later the training school for nurses was established. Dr. Mackellar took the greatest interest in this work, and even now he is looked up to by Auckland Hospital nurses as the father of their school. Long after retiring from the position of medical superintendent he was an active member of the honorary medical staff, and still carried on the lecturing and teaching of nurses which he inaugurated.

The modern Auckland Hospital is a fine and up-to-date institution of 340 beds. Attached to it and in the same grounds is a well-designed infectious annex, comprising two observation wards for suspicious cases, a building for scarlet fever, with two wards, nurses' quarters, and offices, and a similar one for diphtheria. There are a fine laboratory and a mortuary in one building, and the hospital proper is built in blocks erected at different dates. Every ward has wide balconies to which the patients are wheeled to enjoy the beautiful view of the harbour. The new wards are known as the "Costley Block" from the name of the wealthy citizen who gave the funds to build a theatre and surgical wards for children. A large addition to the nurses' home is also new. The nursing staff is under the control of a lady superintendent, who has under her an assistant in charge of the home, where eighty nurses are in training. The course is for three years, and a very complete set of lectures is given by members of the staff, resident medical officers, and superintendent. The ward Sisters give the practical teaching.

Under the control of the same board are the Costley Home for old people, with a trained nurse in charge of the women, and a convalescent home, to which the hospital nurses are sent for short terms.

There was at one time a ward for maternity patients at the Auckland Hospital, and a good many nurses learnt maternity nursing there, but this was discontinued some years ago. The nurses have a good opportunity of experience in different branches of nursing. The probationers are given their turn in the infectious diseases' wards as juniors and again as seniors. The special children's ward takes in quite small babies and affords good experience in the diseases of children. One hundred and forty nurses have been trained and registered in the Auckland Hospital since "The Nurses' Registration Act" was passed. The Matrons who succeeded Miss Crisp (afterwards married to Dr. Mackellar) were Miss Squire, trained at the Edinburgh Infirmary, who was appointed in 1895, and resigned after three years; Mrs. Wooten, trained in the Alfred of Melbourne, who remained till 1910, when she was succeeded by Miss Peiper, trained in Invercargill Hospital and Matron for some years of the St. Helen's in Auckland. Miss Peiper was one of the nurses who went to South Africa to nurse in the Boer War, and she obtained her midwifery certificate in London.

The Wellington Hospital has the honour of being the first training school for probationers. In Dr. Grabham's report of his visit of inspection in July, 1883, he mentions that "Dr. Hammond has been appointed Medical Officer and Mrs. Moore, Lady Superintendent. The 'nurses' have been supplanted by probationers drawn from a higher order of society." He speaks of the need for better accommodation for the nursing staff:

> The lady superintendent should have apartments in such a position that, while within call, she would at times be free from the noises, bad smells, and other concomitants of a residence close to the door of a large ward. The very successful introduction of the probationer system will also necessitate some structural additions of an inexpensive character. These nurses take the greatest possible interest in their calling, which they have chosen from other than pecuniary motives only; and I have no hesitation in stating that a foundation is here being laid for a considerable permanent benefit to the Colony.

Later reports by Dr. MacGregor refer to the improvement in the nursing staff of the hospital, and especially mention Dr. Ewart (who was for about twenty years medical superintendent, retiring from the position only in 1908), and Miss Godfrey, who, trained under Mrs. Moore, became Matron in 1890, and retired in 1898, being succeeded by Miss Payne, who had been trained in the hospital under Miss Godfrey, and was afterwards for a short time Matron of the Christchurch Hospital. Miss Payne remained in office until 1903, when she left to take charge of the Rotorua Sanatorium, and was succeeded by Miss Pettit, but afterwards returned to her former post. In 1905, great improvements took place at this hospital, in the opening of a fine nurses' home, and special chronic wards. The Victoria wards, accommodating forty patients, are detached, and are a complete hospital in themselves. There are shelters for consumptives, and a new fever hospital with its own complete nurses' home under the same management as the Wellington, though some distance away.

Several of the Matrons of the most successful training schools, as Miss Thurston of the Christchurch Hospital, Miss McKenny of Wanganui, Miss Berry of Napier, Miss Todd of Timaru, Miss Gosling of Nelson, and Miss McGregor of Waihi, are Wellington nurses.

The Christchurch Hospital was first built in 1862. There had been a small hospital previously at Lyttelton, but little is known of it. Dr. Dalgleish was the first medical officer, but there is no mention of a nursing staff. For about twenty years the old Christchurch was carried on under a house steward and housekeeper. There were then some women nurses, not trained, but who were probably of a higher class than the servants, as it is mentioned that they took their meals in their own rooms and that the patients were kindly and carefully treated. A part of the building erected for twenty-five patients in 1862 still stands, and in it are the dispensary and out-patients' department. The wards above were used as lumber rooms for many years, when, after a fire that destroyed two wards, they were again put into use for the patients thus turned out. The modern nurses thus learnt something of the disadvantages their predecessors had to labour under. In 1885, the first trained Matron was appointed. She was a Miss Paton, who had been for six months in a London hospital. Nothing more is known of her. The number of beds was then eighty. No attempt at training probationers was made until 1887. The chairman then offered a gold medal to the first nurse who trained there, but there is no record as to who received it.

Two years later, we read that "the nursing system, one of the most essential features of hospital management, is well organised." Later the reports are not quite so satisfactory, as the house surgeon needs to insist that all vacancies shall be filled with well-educated young women, capable of profiting by such special training as every modern hospital of this size ought to impart to its nurses. In 1891, the need of a home for the nurses is dwelt on, and it is pointed out that, until this is provided, the staff cannot be put on a proper footing of efficiency. It is recommended that one be built and the whole nursing staff reorganised. In 1894, came a period of trouble.

Miss Maude, a nurse trained in the Middlesex Hospital, had been appointed Matron, and had given splendid service in reorganising the nursing of the institution, but, unable to combat the prejudices engendered by the past system, resigned. She was followed by Miss Ewart, then a Sister in the wards, and trained in Belfast. After fourteen years' sway Miss Ewart was succeeded by Miss Thurston, trained at the Wellington Hospital, who, as the head of nursing in all the institutions under the control of the board, supervises, besides the main hospital, the sanatorium for consumptives on the Cashmere Hills, the chronic wards for women at the Jubilee Memorial Home, a mile or two away; those for men at Ashburton, and the hospital for fevers. Trained nurses belonging to the hospital staff are in charge of these outlying wards, and probationers are sent to them during training. A cottage hospital at Akaroa, a lovely seaside place, is also under the board and is staffed from the hospital.

A new children's ward and one for gynecological patients enable Christchurch to boast of possessing the model wards of the Dominion. The children's ward is tiled throughout in pale blue and adorned with beautiful nursery pictures in tiles. The verandahs are wide, that cases may be treated in the open air. Convalescent children have a garden playground, and the women's ward a roof-garden.

The Dunedin Hospital is the medical school of the Dominion, and its history has been of special interest on this account. Only sixty-two years ago was the Otago settlement founded and, two years afterwards, the first Dunedin Hospital erected. The

Memorials of John A. Torrance describe its earliest days:

> Like the gaol it was in advance of its time. . . . For over two years not one of its beds was occupied, and then also like the gaol, it was turned to a use never dreamed of. The insane persons had to be cared for, and so the first hospital became the first asylum, and for a time it served the double purpose . . . those physically sick of course ultimately preponderating. But not until the discovery of the gold-fields in 1861, when immigrants were poured into Dunedin by shiploads, was there any large demand for hospital accommodation.

The hospital is now a large and handsome institution, with well-equipped schools both for medical students and nurses. The training of nurses was first started in 1888, when lectures were given by the honorary staff and an examination was held at the end of twelve months. At this time the Matron, Miss Burton, an estimable elderly dame still [in 1911] living near the hospital and sometimes attending as an out-patient, was quite untrained. How her eyes must open at the appointments of the new out-patient department and the nurses on duty there! When the question of giving lectures to the nurses arose, she said: "What do they want with lectures? *I'll* lecture them!"

The time of training was first fixed at one year, and nurses were only placed in the women's wards. The first Matron with full training was Miss Edith Maw, who came from England in 1892, but was only in office for one year. In 1893, Miss Isabella Fraser trained in the Edinburgh Infirmary, came from Melbourne to succeed Miss Maw, and remained in her post for twenty years. She instituted a three years' course and placed nurses in all the wards. Large additions have been made to the hospital in all its departments, and it has also several dependent institutions for infectious cases, chronic and consumptive patients, all of which are under the one medical superintendent and lady superintendent, and are staffed from the main hospital. There are also several cottage hospitals or receiving wards in different parts of the district, with trained nurses from the general staff in charge. The Maternity of the Medical School is a well-equipped small special hospital where the Dunedin nurses receive midwifery training. This, however, is a distinct post-graduate course of six months under the same rules as the state maternity hospitals.

In addition to the four chief hospitals just described, there are over fifty others in New Zealand, with beds running from one hundred to ten. Some of these were established in districts which once promised rapid growth and prosperity because of the existence of gold mines long since abandoned. They are now little more than homes for old people and refuges for disabled miners.

The hospitals which train nurses are thirty, in all. Some of the medium sized ones, as Wanganui, Palmerston North, Waikato, Timaru, Napier, and Invercargill, are fine institutions, well equipped and staffed, and send out excellent nurses. With state registration, their training has come into line with the larger hospitals, and it is often a nurse from one of these schools who tops the list of examination candidates. The history of the Masterton Hospital is interesting from the fact that its first Matron was a Nightingale nurse. The original building, put up in 1878, was paid for with funds collected by Miss Selina Sutherland, aided by a government grant. Miss Sutherland was a personality well-known for many years in Melbourne, Victoria, in connection with charitable work and the care of destitute children. In the early days before the existence of the hospital, because of her energetic efforts to get it for the district, and her care of the sick and afflicted, she was called the Florence Nightingale of the Wairarapa. The first Matron, who had had some training under Miss Nightingale, was Miss Lyons, but she only stayed a few months, and then until 1897 the hospital was in the care of an untrained Master and Matron. In that year Miss Heath, a Wellington graduate, was appointed with two trained nurses as assistants. The new building was opened in 1907, and is a good specimen of a modern country hospital, as the old one is of the cottage hospitals of twenty years ago.

The Nelson Hospital is fairly old. The present building was put up in 1867, but a still older one had been built before that by the provincial government. Its first trained nurse was Miss Dalton, an Englishwoman. A photograph shows her a comfortable looking dame of eighteen stone, and it was once remarked of her that she did all the work that, in later times, fifteen nurses were needed for. Before retiring for the night she would put her head in at the ward door and call out: "Now; any of you chaps want a drink? Because I 'm going to bed." Miss

M. Jones was appointed in 1893, and under her and Dr. Talbot a course of training for probationers was first started in 1897.

These brief sketches of the principal hospitals and their gradual evolution as training schools show how primitive for some years were the arrangements for nursing the sick. The people in various districts built hospitals, recognising the need. In many country places it was indispensable to have some provision of the kind, as the men in this new country were mostly homeless, living in tents, and generally roughing it. The difficulty of taking proper care of them when in the hospitals was greatly accentuated by the scarcity of women, and owing greatly to that cause the systematic training of nurses was not properly begun until about twenty-five years ago, and men were mostly nursed by men. In fact, in one hospital it was found that the only nurse at night was an old man, who attended on men and women alike!

The appointment of an inspector of hospitals for the government undoubtedly aided greatly in bringing about a more correct method of administration. On his visits of inspection he could observe the needs of each institution, advise as to means of bettering each and every part of the organisation, and, being a medical man experienced in the management of hospitals in the old country, the nursing department was one in which he took great interest and was qualified to advise and suggest. The first inspector (Dr. Grabham) remained in office only about three and a half years, and was succeeded by Dr. MacGregor, who carried on the work for twenty years. In 1895, a great step in the interests of nurses and for the betterment of their training was taken in the appointment of Mrs.Grace Neill to the position of assistant inspector of hospitals and asylums, Dr. MacGregor having recognised that the numerous and delicate questions affecting women which had to be dealt with in connection with the system of charitable aid, and the administration of hospitals and asylums, ought to be handled in the first place by a woman. Dr. MacGregor considered that Mrs. Neill combined in a very high degree the ability, knowledge, and sympathy required for this position. She was a trained nurse, having undergone training in London, as Grace Campbell, at the King's Cross and Charing Cross hospitals. She held a St. John's House certificate for midwifery, and, until her marriage, had been lady superintendent at the Children's Hospital in Pendlebury. She had, therefore, special qualifications for the post to which she was appointed.

After coming into office, and becoming thoroughly acquainted with the varying conditions under which the patients in the different hospitals were nursed, and the very unequal standards of the nurses sent out from them, both Dr. MacGregor and his assistant recognised the advisability of establishing some means by which the training of nurses could be regulated.

At first it was proposed to establish a branch of the Royal British Nurses' Association, and negotiations were opened with that body, proposing affiliation, but these came to nothing, as the parent association would not agree to self-government for the colonial branch, and, though it was to be self-supporting, all subscriptions were to be sent home. Mrs. Neill was in England in 1899, and had an interview with some of the officers of the association, but reported that she saw no reason to expect the slightest advantage to New Zealand, or help in establishing a standard of efficiency. In fact, it was found that no such guarantee of efficiency was even then established by that association, and the founders of it had already, disappointed, withdrawn from its ranks and were devoting themselves to strenuous efforts to obtain state registration. It was thus decided that only the power of laying down laws for the proper training and examination of nurses under state auspices would remedy the existing evils. Dr. MacGregor made the statement: "Nothing short of this will ever secure efficient and trustworthy nurses for any country."

Early in 1901, the government authorised Dr. MacGregor to prepare a bill for the state registration of nurses. No interference was contemplated with the right of every person to employ whatever nursing he desired—the state limiting itself to giving a reliable list of nurses properly trained and tested by state examinations. The bill passed, but was somewhat altered during its passage through the house. Members representing districts where the smaller hospitals were established would not agree to the minimum number of beds for training schools proposed at first, viz., 40, and though some limit and minimum should have been settled, this was not done, and any general hospital which complied with the terms of training and gave, to the best of its ability, the instruction laid down in the syllabus, was able to send its probationers up for examination.

While in older and more closely settled countries, no doubt, it would have been more easily possible to limit training schools to those possessing a certain number of beds, it is certain that, had it been done here, and with so high a minimum as 40, many excellent nurses trained in some of the smaller hospitals would have been lost to the profession As a matter of fact, with very few exceptions, candidates for examination do not come from the very small hospitals, or do not take it until they have had supplementary training in the larger ones. When the act first came into operation, nurses who had been previously trained, or who had had four years' experience, were registered, but after 1902, all New Zealand nurses had to pass the state examination. Some of the larger hospitals in which a systematic training had been carried out before this still held their own final examination, and gave a certificate independently of that given by the government. This is the correct thing, as nurses should value the certificate of their alma mater; but the smaller ones seemed content to avoid the trouble of examinations and leave the work to the government. The regulations as to examinations, and the curriculum of training and syllabus of lectures, were drawn up by Mrs. Neill, and continued in use for several years without alteration. They were, however, in 1907, revised and altered, though it was not found necessary to make any very great difference in the main points. It is hoped later to amend the act in several details, especially with regard to the recognition of hospitals as training schools.

We have gone thus fully into the institution of state registration for nurses in New Zealand, as this Colony was the first of the British possessions to pass a bill for that purpose.[1] After two or three years of operation, the inspector-general of hospitals remarks in his annual report: "It is becoming daily more apparent that by the silent pressure of this law the nursing profession of New Zealand will be effectively organised." In the last report (written shortly before his death) of this able administrator of the New Zealand Hospital and Charitable Aid Department, he says:

> New Zealand has proved by five years' experience the advantage to medical men and the public, as well as to the nursing profession, of having a recognised standard of proficiency and consequent state registration. There is no fault to be found with our system of state registration of nurses; it works well and maintains a standard which acts as a stimulus to hospital authorities.

The nurses' registration act of New Zealand uses no compulsion, except that of enlightened self-interest on the part of the nurses themselves; but it is rare indeed for a nurse to spend the necessary three years in a hospital, going through the routine of training, and not present herself for the state examination. No important hospital position can be obtained by a nurse unless she is registered. The number of nurses coming up for examination has doubled in the four years of 1906–1910. The provision for nurses coming from elsewhere to register is perhaps rather lenient. Their certificate of training from a recognised training school for three years, with a course of lectures and examination equivalent to that of New Zealand, is accepted, and they are not obliged to pass the examination. As a matter of fact, the need of nurses in New Zealand, in spite of (considering the size of the country) a fair number being trained each year, is so great that it was inadvisable to shut out desirable additions to the number from abroad. It may in the future be possible to open the door less widely.

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[1] Cape Colony had the first registration, but under a medical act.—Ed.

The next step of importance to the nursing profession in New Zealand was the passing of an act for the registration of midwives. This was accomplished also by Dr. MacGregor and Mrs. Neill, and took place in 1904. The act provided for the registration of women with a certain amount of experience (gained during a minimum of three years) of the work of midwifery, and vouched for by medical men as understanding their work and being of good character. After 1906 women not so registered were no longer allowed to undertake confinement cases without a doctor, except in cases of emergency. In administering this act it was found necessary in far back country places to allow the word emergency a wide meaning, as many even of the experienced women did not avail themselves of this opportunity given them to register, and the work had to be carried on, while frequently the nearest doctor would be many miles away. Having passed a midwives' act, it was then necessary to provide means of training nurses as midwives. It had been necessary for women wishing to become properly qualified to go to Australia or Great Britain for the necessary instruction. In connection with one or two hospitals—the Auckland and the Dunedin, for instance—there had been maternity wards, but these were not organised training schools. The then Premier (Mr. Seddon), in order to meet this difficulty, determined to establish state maternity hospitals, and deputed the task of finding suitable buildings and organising hospitals in the four chief cities to Mrs. Neill. They were to be for the reception of the wives of working men, and a small fee was to be charged. Pupil nurses were to be taken and fully trained nurses with midwifery certificates were appointed Matrons, with one qualified assistant. The first four Matrons were Miss Wyatt, Miss Holford, Miss Peiper, and Miss Inglis. The hospitals were all named for St. Helen and a non-resident medical officer was appointed for each one. Dr. Perkins, of Wellington, was the first appointee, followed by Dr. Agnes Bennett. Dr. Emily Siedeberg was appointed to the Dunedin, Dr. Alice Moorhouse to the Christchurch, and Dr. Tracy Inglis to the Auckland St. Helen's.

The primary idea was that while the houses were to be comfortable for the patients, they should not be equipped in such a way that the nurses on going into ordinary homes would be at a loss to manage without what they had been accustomed to. Therefore, ordinary houses were selected and fitted up in a simple and inexpensive fashion. In such houses the work of the St. Helen's hospitals has been carried on for over five years. But it has grown so much, the people for whom the hospitals were intended having appreciated the benefits of being nursed and cared for so thoroughly, that the time has come when more truly hospital-like places must be built and equipped, and the first to be built on proper hospital lines is to be erected in Wellington. During the time these houses have been established, the number of patients has more than doubled, and the pupil nurses also have doubled, and in some centres trebled.

A regular curriculum of instruction and examination is laid down. The term of training is twelve months for untrained women, but for registered nurses it is six months. Each pupil must personally deliver twenty women and nurse the same number through the puerperium. Contrary to the usual practice in home maternity hospitals, the nurses are trained to be maternity nurses and midwives. In the town, as a rule, they prefer to work under the doctors, but in the country they—being qualified to do so—must undertake the full delivery of cases, calling for a doctor only under certain rules laid down for their guidance. There are two hospital training schools for midwifery nurses (besides the four state St. Helen's hospitals), one established in connection with the medical school in Dunedin, and one built in Gisborne by a society of ladies. More and more the trained nurses of the Dominion are realising the value of midwifery training, and entering for their six months' course, after completing their general training. There are usually two or three registered nurses in each term at each of the hospitals.

Before the third of the St. Helen's hospitals—that in Auckland—was established, their founder, Mr.

A Group of St. Helen's Nurses

Seddon, died when on his way to declare it open. Of all the great work which this man, so gifted with the genius of statesmanship, accomplished for his adopted country, perhaps none will have such lasting effect and do so much for the coming race of New Zealanders as this of founding the four state maternity hospitals. They are a more enduring monument to his memory than any statue or tombstone can be. Mrs. Grace Neill, his helper in the work, resigned her position shortly after this time, and handed on the work of organising the fourth St. Helen's Hospital to her successor. Miss Hester Maclean was appointed to fill her place and commenced her duties as Assistant Inspector of Hospitals, Deputy Registrar of Nurses and Midwives, and Officer in Charge of the St. Helen's hospitals, on November 1, 1906.

Miss Maclean was trained in the Royal Prince Alfred Hospital, Sydney, and held the certificate of the London Obstetric Society, and the C. M. B. She had had experience as Matron of cottage hospitals and of the Women's Hospital, Melbourne, with various other posts, which fitted her for the position.

Still another change was to take place in the government department which held control over the affairs of nurses. Dr. MacGregor, who, with Mrs. Neill, the nurses of New Zealand have to thank for their state registration, died suddenly in November, 1906. Dr. Valintine was appointed to succeed him, and has carried on his work with the same regard for the general improvement of all hospital matters. As Registrar of Nurses he has the interests of the nursing profession very much at heart. In 1909 a new act for the management of hospitals and charitable aid was passed by Parliament. This act, by placing all the institutions for the relief of the sick under one general control in each district, has rendered possible the training of nurses in a wider and more varied way than was possible before. This has been referred to in the accounts of the larger hospitals. Another very important change under this act, and one which opens out a wide field to trained nurses, is that the hospital boards are empowered to expend money on the nursing of the sick outside the walls of their institutions. Thus they may pay nurses to take charge of distant parts of their districts, in this way bringing the benefits of the hospital system to those who are too far distant to avail themselves in illness of the benefits of the hospital itself, and yet under the law must contribute their share in rates.

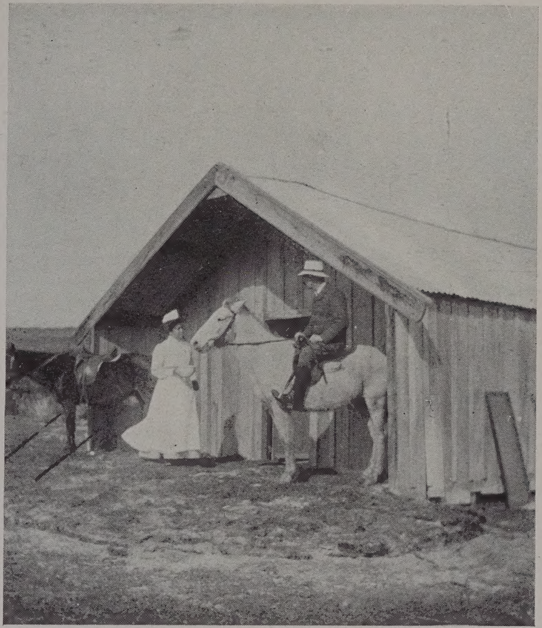
Back-block district nursing is the scheme for the relief of the sick nearest the heart of the inspector-general of hospitals. He, having been for years a country practitioner, working far out to the back blocks, knew what it was to have no help from a competent nurse, to have to ride away, after being called a distance of fifty miles to a case, knowing that his visit had been of little use owing to there being no one able to carry out his instructions. In a few years it is hoped there will be no country district without its nurse. Nurses, of the highest ideals, unselfish, sympathetic, endowed with judgment and decision, well trained and experienced in both general and midwifery nursing, are needed for this work. Great responsibility will rest in their hands. Far away from a doctor, they will often have to act promptly without advice; they will have to diagnose disease, will have to decide whether a doctor must come, whether a patient must be sent to hospital; on their good judgment and observation many a life will hang. Owing to an excellent telephone service, there are few places quite cut off from a doctor, but frequently it is impossible for him to get to a place in time.

A recent case may serve as an example: One of our district nurses was summoned in the night by a lighthouse-keeper in the Sounds. His wife was in labour. At once a nurse set off, and after a wild, rough ride and scramble she arrived three hours later, to find her patient almost pulseless from hemorrhage, the baby cold and almost lifeless. She set to work, and her efforts were rewarded—both mother and babe saved. Here it was an impossibility to get the doctor—he was thirty-five miles away. Immediately after the arrival of the nurse, the tide came up and the lighthouse was completely isolated. Here is grand work for our nurses to do. The pioneers in this service are Nurse Bilton (the first to start), Nurse Warnock, and Nurse O'Callaghan.

In some of the towns there is a system of district nursing organised by charitable bodies. Nurse Maude, formerly Matron of the Christchurch Hospital, started this work in Christchurch. In Wellington it is worked under the St. John's Ambulance Association. Mrs. Rhodes, a philanthropic woman of ample means, largely finances this part of the work and was made by His Majesty King George a Lady of Grace of St. John. In Dunedin also a nurse connected with the St. John's Ambulance Society works among the poor. In Wanganui and

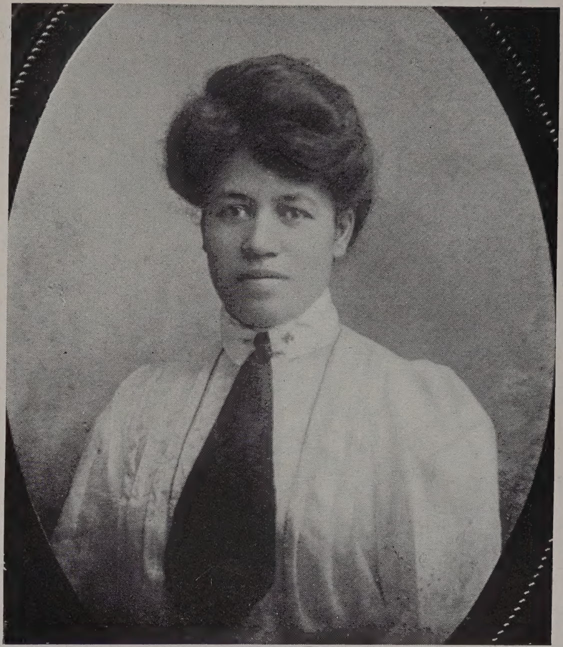
Palmerston North there are district nurses. There has not, however, been any very large extension of this branch of nursing. There is not the poverty among the people, the cities are not so crowded as in the Old Country, and they are well supplied with hospitals; therefore, the need has not been so apparent.

We must not omit to mention a branch of nursing which has been established during the last few years in several of the cities by the Society for the Promotion of the Health of Women and Children, started under the auspices of Lady Plunket, wife of the late governor, at the instigation of Dr. Truby King, medical superintendent of one of the large mental hospitals. Dr. King had observed great neglect of proper infant feeding, and therefore, great loss of infant life, and determined that something must be done to educate the women of New Zealand in this direction. A babies' hospital was established in Dunedin, called the Karitane Home for Infants, and babies suffering especially from malnutrition were received there. A carefully worked out form of percentage feeding and preparation of humanised milk was instituted under the direction of Dr. King, and nurses were taken for a special course of post-graduate training for three months. Branches of the society were formed in different cities and nurses sent for instruction, and then to take up "Plunket" nursing; namely, the visiting and advising of mothers on the proper care of their infants, teaching the preparation of humanised milk when the babies were not breast-fed, and general home hygiene. There are ten to twelve nurses engaged in this work. A subsidy is



Nurse Akenehi Hei

On Duty in her Tent Hospital



Akenehi Hei

The first Maori Nurse fully trained and qualified to register

given by the government to the Karitane Home and £50 per annum to the maintenance of each nurse up to the number of twelve.

The history of nursing in New Zealand would not be complete without the mention of the efforts made to train some of the Maori girls to care for the sick of their own people. This training has been undertaken by the government, with the aid of certain hospitals. Schools for Maori girls have been established and aided by the government, where their general education is carried on, and as soon as this is completed some few are kept for an extra year and sent as day pupils to the main hospital in the town. This means that they still live at their school, but are given an insight ino nursing work. If they appear to promise well they are then found vacancies as regular probationers in some hospital and go through the ordinary training of a nurse, passing the same examinations and receiving the same certificate as the European nurses. So far not many have yet completed this training, as it takes four years in all, and if they go in for an obstetric course also, longer.

The two first nurses to obtain both their general and midwifery certificates were Akenehi Hei and Heni Whangapirita, about 1908. These nurses were then given appointments in the Native Health Department, and allotted districts in which to work. They were sent to cope with outbreaks of illness among the natives, and did splendid work. In an outbreak of typhoid in a *pa* on the Wanganui River, Nurse Akenehi made the natives bring their sick to the meeting house, in which she established an extempore hospital, and also made them dig drains and improve the sanitation of the *pa*. Nurse Heni was sent to assist her, and together they brought fourteen patients to recovery and prevented further spread of the disease. It is sad to record that later, after nursing some members of her own family suffering from this illness, Nurse Hei contracted it herself, and succumbed after a short illness. Her loss is an almost irreparable one to the Maoris, as she was a woman of fine character and with the highest ideals of nursing and improving her people. The second Maori, Nurse Heni Whangapirita, is unlikely to continue her work. She recently had a severe attack of typhoid and pneumonia, and has not fully recovered. Those Maori girls who are now in training have a great example before them in Nurse Akenehi Hei, whose work was appreciated alike by Maori and European.

The nursing of infectious diseases has not been made a specialty, all the infectious disease hospitals being connected with the general hospitals and treated as separate wards to which nurses are sent for a term during their three years' course. The very occasional cases of smallpox or plague are nursed in the quarantine stations by private nurses and are too few in number to afford any opportunity for training probationers.

Outside of hospitals and public institutions the nurses of New Zealand are largely employed in private nursing, and in carrying on private hospitals. Private nursing is mostly carried on from the principal cities, from which the nurses travel to country cases. In some of the country towns there are a few private nurses, but this is the exception.

Until a few years ago there was no organisation among nurses. The first attempt at anything of the kind was started in Wellington by a small residential home being established and managed by Mrs. Holgate, who at the same time conducted a private hospital for women. An association of private nurses was formed, and Mrs. Kendall, formerly a nurse at St. Bartholomew's, and the possessor of the Royal Red Cross for services under fire in India, was elected president. Later, this private nurses' association enlarged its aims, and became the Association of Trained Nurses. At the same time a bureau was maintained and a large residential club established under the control of a council elected by the members, and a Matron, appointed by the council, carried on the home. In Dunedin an association of hospital and private nurses was started and a bureau also conducted. The example of the nurses in these two cities was followed by those resident in Auckland and Christchurch. Later still, the four associations agreed to affiliate and become the New Zealand Trained Nurses' Association, with four branches—Wellington, Otago, Canterbury, and Auckland; all adopting similar rules and working for the same objects. A central council for the whole association was elected in 1909, composed of four members from each centre, and Miss Maclean, the Assistant Inspector of Hospitals and Deputy Registrar of Nurses was elected President, with Miss Bicknell, of the Hospitals' Department, Hon. Secretary. The formation of these associations has resulted in more unity among the nurses, and much benefit has been derived from lectures delivered by doctors on various subjects, and by the opportunities given of meeting and discussing many subjects of interest.

In January, 1908, the first publication of a nurses' journal for New Zealand was issued. *Kai Tiaki*, edited by Miss Maclean, is a quarterly, and the official organ of the four branches of the Trained Nurses' Association. It aims at keeping the nurses of the Dominion in touch with each other by personal news of hospital changes, and with the rest of the nursing world by giving news of the great developments of nursing in other countries. It also aims at improving knowledge of modern medical and surgical treatment, by publishing lectures and articles by medical contributors and by encouraging the reports from nurses themselves of their experiences and observations.

Private hospitals are legislated for in a part of "The Hospitals and Charitable Institutions Act, 1909." This is not the first legislation in regard to them, as they were first dealt with in an amendment to "The Public Health Act" and again in a separate act in 1906. But the whole spirit of the legislation is the same—the protection of the public by inspection and control of these places by the government. Every house in which more than one person is received at a time for medical and surgical treatment and in which obstetric treatment is intended, must have a license to conduct a private hospital. A heavy penalty is imposed for receiving patients without a license. Except under special circumstances, a license is not granted to any one but a registered medical practitioner, a registered nurse

Hester Maclean

Assistant Inspector of Hospitals and Asylums, New Zealand
Editor of *Kai Tiaki*

Grace Neill

First Assistant Inspector of Hospitals and Asylums, New Zealand

or midwife. Testimonials as to good character are also required. The premises to be used are inspected and the number of patients one registered nurse can be responsible for are specified. The licensed private hospitals are visited periodically by trained nurses appointed by the government for the purpose. The licenses have to be renewed annually, and can be cancelled for certain reasons. A record of the patients treated and the work done has to be kept, and submitted to the inspectors. The nurses appointed for this work first were Miss Bicknell and Miss Bagley, both New Zealand trained nurses and midwives. They visit the private hospitals and at the same time see the registered midwives in the various districts, and work specially under the superintendence of the Assistant Inspector-General, Miss Maclean.

Under an Act for the Protection of Infant Life, which was passed in 1908, there is an opening for the trained nurse which so far has not been taken advantage of very fully. Nurses are required for the inspection of the homes for infants licensed under the act, and for advising the foster mothers on the health and rearing of the infants committed to their charge. At present all the inspectors under the Infants' Act are not trained nurses, but as time goes on it is hoped that more will be willing to come forward and help in this important work.

Another branch of nursing is that of mental cases. The prejudice against this nursing is only gradually dying out, and as a general rule the women taking it up are not of so high a class as the general hospital nurse. Of late years a system of training in mental nursing with a three years' course of lectures and examination, has been initiated, and a register of mental trained nurses, male and female, has been established. The mental hospitals of the Dominion —some with 800 or 900 beds—are well equipped, fine establishments, and afford a very fair training in the care of the insane. Owing, however, to the fact that there is very little illness among the patients, the teaching of the various nursing methods is very difficult, and is more theoretical than practical. In the future the higher appointments in the mental hospital service will be held by nurses who have had general as well as mental training. A nurse inspector visits the mental hospitals periodically, and especially interviews the women patients and examines their accommodation. This office is combined with that of the Assistant Inspector of Hospitals, and is carried out under the Inspector-General of Mental Hospitals, Dr. Hay, formerly assistant to Dr. MacGregor and on his death placed in sole charge of the Mental Hospital Department. Dr. Hay desires to improve the status of the mental nurse and attendant, and has instituted a course of lectures and examination on the basis of the medico-psychological association.

The nursing of consumptives is carried out chiefly in four sanatoria. Two are situated in the North Island—one at Cambridge, which is entirely a government establishment, and the other at Otaki, which is connected with the Wellington Hospital. Two are in the South Island—at Christchurch, on the Cashmere Hills, and at Palmerston, South in Otago, and connected with the Christchurch and Dunedin hospitals respectively. These are for curable cases only, and are nursed by a trained staff, in the case of the three last by probationers drafted for a short period from the main hospitals. In the near future it is probable that a scheme for fighting this dread disease will be set on foot, in which the assistance of the trained nurse will be essential in wider fields than in the sanatoria.

Nurses are nearly all eager to get out into the world on completing their training—so much so that it is difficult to keep a sufficient number of staff nurses in the hospitals. Several of the larger ones make their pupils sign an agreement to remain a fourth year if required on the staff, after completing their three years' training and becoming registered nurses. This spirit of change and unrest is undoubtedly detrimental to the better training of nurses, the Sisters frequently being too junior, or if they themselves have sufficient experience, not being aided by charge nurses of full training.

The hours for nurses' work throughout the Dominion are, compared with other countries, fairly easy. The eight hours' system has been established since 1898 in some of the hospitals, and by the Hospitals and Charitable Institutions Act in 1909, was made compulsory for all pupil nurses training in the larger hospitals. It originated with Dr. Kenny, medical superintendent of the Wellington Hospital, and organised by him on the lines of engineer hours on board ship. Whether such hours—during which owing to the smaller number of nurses on duty at a time, the work must be rather strenuous—are of benefit to the nurses, is a matter for doubt. To the patients the stress and hurry must inevitably mean less careful and thorough nursing, and therefore, less thorough training of the probationer. Fortunately the eight hours' system is not extended to the trained staff nurses and Sisters of the hospitals. The united protests of the Trained Nurses' Association of New Zealand were called forth at the time this law was passed, and with other representations against a measure so hampering to the work of nursing, succeeded in confining the law to the pupils in training. The benefit of organisation was thus illustrated in a very practical way only a few months after the formation of the association.[1]

The difficulty in this country of getting domestic help renders it quite necessary that nurses who intend to qualify for the charge of a country hospital must be able to cook, scrub, and wash as well as nurse. A matron may at any moment be deserted by her cook or her laundress and have to take charge of stove or wash-tub herself. Sometimes, too, the nursing work in the very distant small hospitals is not sufficient to justify a staff of even one additional nurse, and the matron must depend chiefly on the help of a wardsman whose special duty is the care of the grounds. In spite of all, however, we find those who stick to their work under all disadvantages and love their little hospitals. They work hard when necessity arises, and are on duty day and night when any bad case is in, indeed welcoming a bad case with delight. A typical hospital of this kind is the

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[1] As overwork in hospitals is a grave problem in many countries, it seems a pity that this fortunate land should find its nurses critical of the eight-hour hospital day. It probably only needs some modification as to change of shifts.—Ed.

Taumaranui, which is situated on the main line between Wellington and Auckland, and in a sparsely settled district. The Matron there has no trained assistant, and the probationer nurses she can secure remain only long enough to be of some use when, if they are any good, they go on to a training school. There is also a general servant and a man on the staff. The hospital is administered by the government. There are six beds and now and again eight or nine patients, at other times only one. The patients are all acute, sometimes bad accidents from the saw-mills, needing careful and continuous nursing, and in such case the matron is allowed extra assistance from Auckland. A Christchurch graduate, Miss Gill, who went there as Matron, wrote shortly after arrival.

We were now ready to take patients, but none were forthcoming. As the mills in the district were not working, and no one in the township was sick, our attendance was not required, therefore nurse and I proceeded to make a track for ourselves down the hill to the river. We went forth armed with slasher and spade, and cut and dug a winding path. We then set up numerous sticks with rags tied to them, so that we should easily find the track in the scrub. . . . A new difficulty had arisen; who was to look after the acetylene gas plant, and the oil engine by means of which the water was pumped to the house? Certainly the man about the place, and he did so when I had one with sufficient intelligence to understand it. But supposing the man should take it into his head (as they sometimes do) to go off at a moment's notice, who then should work the engine and gas plant? Nothing for it but the Matron must learn how. This I promptly did, and I am sure you would have laughed at my get-up, when, the water getting low in the tanks, I had to go into the engine-house and clean and start the engine. This was no hardship as I am fond of engines. But it was very dirty work, and later on when myself and a probationer had nine patients to nurse, three of whom were typhoids, I really could not find time to do it . . . but I was sorry to give up that engine.

Steps are now being taken to form a Nursing Reserve under the new Defence Scheme for New Zealand as organised by Major-General Godley, an Imperial officer, on lines recommended by Lord Kitchener, after his visit to the Dominion, in 1910. The nursing reserve will be under civil control and organised by the Inspector-General of Hospitals. There was a previous attempt to form a reserve, and a Matron-in-Chief, Mrs. Janet Gillies, formerly Nursing Sister Speed during the South African War, was appointed to the position; but the reserve was not formed and she has now retired. A new Matron-in-Chief is to be chosen immediately and the appointments of Matrons, Sisters, and nurses will follow.

Africa.—Africa is known as the "Dark Continent," but darkness is giving place to dawn, and dawn with tropical rapidity to broad daylight. A powerful factor in this development is the trained nurse, who, following the flag, has found her way to the heart of the continent, so that in Uganda, on the shores of the Victoria Nyanza, there is now a hospital having a three years' certificated nurse as Matron, and on the island of Likoma, on Lake Nyassa, there is a well-appointed hospital nursed by certificated British nurses. The same may be said of Zomba, headquarters of the administration of British Central Africa.

On the northern seaboard British nurses are doing excellent work in hospitals at Port Said, Alexandria, and Algiers, while at Cairo there is a large hospital, the Kaisr-el-Aini, with an English Matron and nursing staff, in which native nurses are trained. This is the only recognised training school in Egypt for nurses or midwives who are registered by the government. On the west coast many lives have been saved by the good offices of members of our profession in the hospitals at Sierra Leone and Lagos, and trained nurses have also gone inland to nurse members of the West Frontier Force on expeditions into the interior.

On the east coast there is at Mombasa a government hospital, founded originally by the Imperial British East African Company, which was nursed first by religious Sisters, now by nurses sent out by the Colonial Nursing Association. At Tanga is another under the care of German deaconesses, while the island of Zanzibar, the metropolis of the east coast, has English, French, and native hospitals. The former is interesting, inasmuch as in it some progress has been made in giving systematic instruction to native men and women in nursing. The hospital is maintained by the Universities' Mission to Central Africa, and has a nursing staff of a Matron and five or six British certificated nurses, who take considerable pains to train the natives who work under them. The value of this work is great, as the African thus receives instruction in habits of order, method, and discipline, and in an appreciation of the value of time, which are foreign to him naturally. So far the men have, on the whole, made better nurses than the women, partly because the latter marry so early that few of them stay in the hospital long enough to pass through a full training; partly because in Zanzibar, as in other Oriental countries, the men are in advance of the women in educational development; partly again because the male wards are more used and so afford a better training ground than the female wards, and it would outrage national feelings to place an unmarried woman in charge of men's wards. Nevertheless some of the girls have proved themselves apt and trustworthy pupils, and, given equal advantages, would no doubt become as proficient as the men. They have many of the characteristics essential in a good nurse, being gentle, kind, sympathetic, dextrous with their hands and quiet in their movements. They are also, as a rule, devoted to children. On the other hand they do not like performing parts of the work which they consider menial, and they have not much sense of responsibility; neither have they much stamina.

Two reasons may be assigned for the dislike of the natives to menial work: they have too recently emerged from slavery and many have had personal experience of the horrors of the slave caravan. They have a profound dislike of doing slave work, and a common objection is, "I am not a slave." Then, too, as the right hand takes the place of a spoon among the Swahilis they are very particular as to its cleanliness. So far as practical work goes, both native men and women in Zanzibar have learned

English Hospital, Zanzibar; Miss Breay and Miss Brewerton in the background

enough to make them very useful. For instance, they can polish instruments and prepare for an operation in a way which would be creditable in an up-to-date London hospital. Their theoretical work has, so far, lagged behind the practical, and there are at present no nursing text-books in the Swahili language. The influence of the training given in this hospital is far-reaching, as many of those who receive it return to their tribes up-country, and thus carry their nursing knowledge to villages where no European is stationed.

No account of the hospital of the Universities' Mission in Zanzibar would be complete without mention of the gracious and cultured woman at whose instance it was built. The mission had had many devoted nurses, but their work was done under difficult and unsuitable conditions. It was owing to the initiative and the strong representations made in 1890 by Miss Emily Campbell, a nurse possessed of rare charm and professional skill of a high order, combined with absolute devotion to the sick,—a saint in the making,—that the mission owes its hospital, in which her successors, notably Miss H. Brewerton, for many years Matron, Miss S. A. Whitbread, now gone to her rest, Miss M. Brown, Miss C. L. Saunders, and many others have rendered the most devoted service to patients of all colours and creeds. Miss Campbell herself did not live long enough to see the completion and opening of the hospital, and her death, after two years' work in the mission, was an added urgent proof of its need, for she died "of sheer overwork, nursing single-handed a poisonous case in a house eminently unsuited for such a purpose.

. . . We could not but be influenced, every one of us" said the Reverend Spencer Weigall at a meeting of nurses in London, "by having a character of such extraordinary beauty among us.

Another heroic pioneer worker for the sick in Zanzibar was Mme. Chevalier, who gave devoted service in connection with the French mission. Mounted on her beautiful white donkey, she was a well-known and notable personality on the island, where she lived for over a quarter century without returning to France, making the lepers her special care. Mention must also be made of a midwife, who is at work in the town of Zanzibar, under the auspices of the Lady Dufferin Fund.

We must turn to South Africa, however, to find nursing organisation in an advanced condition. Nurses there were the first to secure legal status and registration under state laws. This was conferred upon them by a section of the Medical and Pharmacy Act of 1891. The administration of the act is carried on by the Cape Medical Council.

It was largely to Sister Henrietta of Kimberley, an English nurse and daughter of a clergyman, the Rev. Henry Stockdale, that nurses in South Africa owe the honourable distinction of being the first to be registered by Act of Parliament in any country. Sister Henrietta attended the London Congress of Women, in 1899, and there told the nurses, assembled in their first international meeting, how, when the new medical bill was before the Cape parliament, the trained nurses of the country,—a little band of some sixty-six women then, now quite an army,—petitioned almost unanimously for a place on the register and for state control of education. With much care and forethought clauses were drawn up providing for the registration of foreign trained nurses and state examination and registration of the colonial-trained. A section also deals with midwives. The nurses gained their wish, and after this length of time, the act has on the whole worked well. Sister Henrietta continued her life of active usefulness for many years; took a prominent part during the siege of Kimberley and afterwards, in organising the care of the wounded and sick, and died, full of good deeds and honours in 1910.

This first registration act gave a year of grace during which time all nurses holding hospital certificates could register. One year's training was at first accepted. In 1892 the minimum was set at two years, and finally, in 1899, three years in a hospital of not less than forty beds was fixed as the minimum, and the medical council set a syllabus of subjects for examination and fixed the lines of training at much the same as in the best English hospitals. Medical men delivered lectures preparatory to examination, and conducted written and oral examinations in the different centres.

South African nurses have found, however, that there is a disadvantage in having no nurse sitting upon the council, and liberal physicians have learned the same thing. In 1904, a report on the act and its workings was sent to the International Council of Nurses by Dr. Moffat, then resident surgeon at the Somerset Hospital in Cape Town, in which he said:

> The legislation affecting nurses is gradually improving

the education of nurses and raising the standard of professional knowledge.

I venture to suggest, even though I may tremble at the thought of what our Council would say to such a thing, that some at any rate of the members of the Council should be trained nurses, who could discuss and vote on nursing questions. Probably in time there will be a Nursing Council; some of these should be trained nurses. At present the members of our Council are all men.

In the same way, I think the examination should be conducted in part by trained nurses.

The great gain which would follow from the two latter additions does not need to be pointed out.

In 1899 registration of trained nurses was enforced by act of Parliament in Natal, and in 1906, in the Transvaal under the Transvaal Medical Council.

Some of the South African hospitals are fine buildings, and in a number there are training schools of excellent standing. Certificates are no longer granted by individual schools, as the medical council now issues its own by the authority taken from the hospital authorities and vested in them. With the development of the country and the advance of nursing, we shall hope to see nurses placed on the examining board, but this will perhaps not come until women are enfranchised.

CHAPTER V

NURSING SISTERS OF THE ORIENT

India. Among Miss Nightingale's writings some of the most remarkable evidence of her genius is to be found in articles published in her later years on the problems of life in India, as affected by government.[1] In an earlier volume[2] we have cited her plea for village sanitation in that country, but had not then seen those writings in which she analyses the whole social order of India, tests every detail of land ownership, taxation, social, and economic organisation in the clear fire of her interpretative intelligence, exposes every weak, wrong, or oppressive point with her vivid, flashing gift of demonstration, and constructs item by item, with a rare statesmanship and a practical force all her own, the programme by which alone the real sources of famine, pestilence, and misery could be reached. Papers of an intellectual outlook and human insight so broad and deep should never be allowed to fade in obscurity. They should be in every public library. Had they been written by some cabinet minister they would stand, richly bound, on the shelves of every man in public life, even if their recommendations were not followed or even read. Her mastery of enormous official detail and technical, statistical facts as shown in these papers is amazing, and suggests that the greater part of her later years must have been given to an intensive and laborious study of Indian affairs. This was the hard work which filled her time and left her in her invalid's room no leisure, for she continually received masses of official documents, such as few other persons ever saw, and which were sent for her confidential analysis and commentary. We do not know exactly what results followed these labours. Here she launched far forth from nursing subjects to deal with Imperial policies, yet every flash of her mind showed that her basic thought was of health—the health of a nation and the happiness to a race that could result from it.

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[1] "The People of India," *Nineteenth Century*, August, 1878; "The Dumb shall Speak and the Deaf shall Hear, or the Ryot, the Zemindar, and the Government," *Journal of the East India Association*, London, 1883; "Our Indian Stewardship," *Nineteenth Century*, August, 1883; "Health Missioners for Rural India," in *India*, (a magazine), London, 1896.

[2] *A History of Nursing*, Vol. II.

The earliest efforts to transplant English nursing into India came through the missions. To describe their gradual advance is beyond our province and our powers. The nurses who shared in it, pioneers in the fullest sense, were sent ready trained from the mother countries, and we must be content to begin this record with the first work in training native women.

Whether simple human service to others' needs should be made the vehicle for controversial propaganda is a question which must be answered by each one as he sees the light, and in how far the work of medical relief may be developed when allied to any doctrine or dogma or to the tenets of any one church is also debatable. Yet the mission spirit has always led the way to service in the hardest, most dangerous places long before any one else was ready to go, and during two thousand years we have seen medical missions breaking the ground for a new civilisation by their heroic and devoted labours. The Hindu papers complained that the most powerful weapon used by the Christians to lay hold of the hearts of the Hindu women was the Zenana hospital. They perhaps felt that their people were being alienated from sacred tradition. On the other hand, the love and care expressed in mission work were always lavished especially on those downtrodden and inferior beings whose sex or caste gave them, under the old dispensations, little to hope for in heaven or elsewhere, so why should they remain bound by the conventions of ancient historical religions which, however beautiful in ideals, had become in practice full of negations for workers and for women? The missionaries entered, inspired by a purpose ever fresh, pure, and strong, and consecrated all their powers to the task of awakening soul and spirit. The medical woman and the nurse were irresistible to the neglected proletariat to whom they ministered, and suspicion and aloofness melted away before their skilled, tender handling of poor diseased bodies.

The first project for bringing medical care and nursing on a national scale to the people of India, and of providing a far-reaching and autonomous system by which centres of teaching and training might be multiplied, according to local needs, was the work of the Countess of Dufferin, during her stay in India as "first lady in the land." Her plan, built upon large and comprehensive lines, was developed with wisdom and foresight, and shines brightly in that tale of upbuilding and conservation which goes to balance the long dull histories of destructive forces. How it came into being is best told in her own words[1]:

> When I was leaving England, Her Majesty the Queen-Empress drew my attention to the subject [of supplying medical aid] and said that she thought it was one in which I might take a practical interest. From that time I took pains to learn all that I could of the medical question in India as regards women, and I found that, though certain great efforts were being made in a few places to provide female attendance in hospitals, training schools, and dispensaries for women, and although missionary effort had done much, and had indeed for years been sending out pioneers into the field, yet taking India as a whole, its women were undoubtedly without that medical aid which their European sisters are accustomed to consider as absolutely necessary. I found that even in cases where nature, if left to herself, would be the best doctor, the ignorant practice of the so-called midwife led to infinite mischief, which might often be characterised as abominably cruel. It seemed to me, then, that if only the people of India could be made to realise that their women have to bear more than their necessary share of human suffering, and that it rests with the men of this country and with the women of other nationalities

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[1] See The National Association for Supplying Female Medical Aid to the Women of India. By the Countess of Dufferin, reprinted from the April *Asiatic Quarterly Review*. Calcutta, Thacker Spink & Co., 1886.

to relieve them of that unnecessary burden, then surely the men would put their shoulders to the wheel and would determine that wives, mothers, sisters, and daughters dependent upon them should, in times of sickness and pain, have every relief that human skill and tender nursing could afford them; and we, women of other nationalities . . . we surely too should feel a deep sympathy with our less fortunate sisters and should, each one of us, endeavour to aid in the work of mitigating their sufferings.

I thought that if an association could be formed which should set before itself this one single object, to bring medical knowledge and medical relief to the women of India, and which should carefully avoid compromising the simplicity of its aim by keeping clear of all controversial subjects and by working in a strictly unsectarian spirit, then it might become national, and ought to command the support and sympathy of every one in the country who has women dependent upon him.

With this idea, Lady Dufferin took her initial steps and her plan was warmly received. A prospectus was drawn up and published in various languages all over India. The association was named the National Association for Supplying Medical Aid to the Women of India; and as the money for it was collected, it was credited to the "Countess of Dufferin's Fund." The press and public were ready for it. Few objections were heard. One, however, put forward by conservatives was, that the women of the country did see medical men professionally, to which Lady Dufferin answered that this was only in the last extremity, when the medical man admitted to a Zenana entered with his head in a bag, or remained outside the purdah, feeling his patient's pulse, but unable to examine her. (A medical missionary in India knew of a string being tied around the patient's wrist in a critical case and the doctor, in another room, given the string at its other end to feel the pulse!) Said Lady Dufferin in discussing the objections:

> Others simply state that the women do not want doctors at all, and that, therefore, any scheme for giving them medical relief is unnecessary and quixotic. To refute an argument properly one should understand it, and I confess I do not understand this one. It seems to me simply to point to the total abolition of doctors and to the extinction of medical science altogether. . . . But it is true that in India, as elsewhere, men have all that they require in the way of medical advice, while the women here have not, and the object of this scheme is to remedy an occasional injustice. If women do not want doctors, then men can do without them. . . .

The criticism that the association was "official" was also made, and to this Lady Dufferin, after pointing out that it received no government aid, said:

> We are honestly desirous that it should become unofficial and truly national, and we are making every effort to place it upon a really popular basis. We are merely birds of passage here, and if the work is to go on and prosper it must be gradually taken out of our hands and be undertaken by those who live in the country and for the benefit of whose women it has been begun.

The affairs of the association were managed by a central committee, of which the Countess, during her stay in India, was president. Branches were connected with the central body, and by this articulated form continuous growth was made possible, to include and cover the whole country. Each branch association was, for all financial and executive purposes, entirely independent, but was expected to adhere to the principles of the national association, and was asked to contribute a small percentage of its receipts to the central fund. Public meetings were held to explain the purpose of the fund and to arouse interest. Existing institutions and organisations having the same medical work in view were encouraged to affiliate with the association, their full independence remaining unimpaired. This arrangement was meant especially to affect mission societies. Such affiliated groups, it was explained, might obtain grants from the association for special purposes, while all would benefit by having a common centre of reference and information. The objects for which the association was established were set forth in its publications as being:

I.—Medical tuition, including the teaching and training in India of women as doctors, hospital assistants, nurses, and midwives.

II.—Medical relief, including the establishing under female superintendence of dispensaries and cottage hospitals for the treatment of women and children; the opening of female wards under female superintendents in existing hospitals and dispensaries; the provision of female medical officers and attendants for existing female wards; and the founding of hospitals for women where special funds or endowments are forthcoming.

III.—The supply of trained female nurses and midwives for women and children in hospitals and private houses.

The national association, as above outlined, was organised in August, 1885. "Its one aim and aspiration," wrote its foundress, "is to bring to the women of India better health, freedom from unnecessary pain, and all the comforts and alleviations which science has discovered and which the ministering hand of doctor or nurse can supply. . . ."

In an article written upon the work, Lady Dufferin recounted some of the difficulties met:

> A last difficulty is that we start our medical work with scarcely any supply of doctors, midwives, or nurses to hand. There is not one single native female doctor ready, though about forty are now being trained. [The number of such students is rapidly increasing.] A few East Indian ladies have been educated at Madras and have all the necessary qualifications [to some of these, posts were offered], but the country itself is, undoubtedly, unable to supply even the present demand for well-educated doctors, well-trained nurses, and efficient midwives.

In regard to the missions, she thus explained the principles of the association:

> The national association cannot employ missionaries, nor can it provide hospital accommodation in which it is intended to combine medical treatment with religious teaching. It may, in certain cases, be glad to avail itself of medical missions as training agencies, and may occasionally attach an assistant to a mission dispensary. [For further training.] But in such cases it would have to be clearly understood that the assistant's duty would be strictly confined to medical work. No officers in the employ of the national association can be allowed to exercise a missionary calling. . . . The national associa-

tion cannot undertake to provide funds for the travelling expenses or establishment of medical missionaries.

While defining the purely humanitarian character of the work in thus standing aside from doctrinal teaching, the intention of its foundress was to unite all bodies in the philanthropic work common to all, and not to intervene where the mission already occupied the ground, except in towns so large that there was room for a second medical establishment, or when the demand came from the people of a locality. She wrote:

> The function of the central committee is to act as a link between all branches, to collect information, give advice, and assign grants-in-aid. It is in direct communication with those parts of the country where no branches have been formed, and with those Indian princes who interest themselves in the movement and who are endeavouring to promote its objects within their own dominions. Its duty is to study the information received, so that it may understand the wants of different localities; to see in what direction it can best help each; and to administer the funds at its disposal for the benefit of the most useful institutions and the most needy districts.
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> The central committee has also the responsibility of directing the policy of the association . . . to consolidate and to improve the position of the society.[1]

Though in no way an arm of the government, it being understood that the employees of the association were not employees of the government, a certain official recognition was granted to the medical women and others employed by the association, and there was also a certain amount of direct co-operation by the Surgeon-General and the chief medical officers of the provinces. The whole amount subscribed to the fund, even in the first few years, was a princely sum. From the subscriptions received, a certain amount was set aside as an endowment fund, and at the end of three years' work enough had also been set aside from income to endow six medical, twelve nursing, and two hospital assistant scholarships. Besides this, annual grants were made to medical staffs and nursing expenses in a number of cities, as well as a great deal of current outlay of varied kinds.

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[1] From *A Record of Three Years' Work of the National Association for Medical Relief to the Women of India, August, 1885 to 1888*, by the Marchioness of Dufferin and Ava. Hatchard, London, 1889.

The impetus and definite help given by the fund was general and varied, and to deal fully with its extent would far overpass our bounds. In medical relief in 1889, twelve hospitals for women and fifteen dispensaries, most of which were officered by women, were more or less closely connected with the association. Many were the new enterprises, private and provincial, that responded to the stimulus thus given, and many were the localities that undertook the maintenance of some branch of relief under the fund. Ever watchful of the best development of her plan, Lady Dufferin wrote in 1888:

> I should like in this place to remind those who have undertaken to benefit their state or their district by establishing one of these institutions, that they must think of the future as well as of the present, and that they must,

> year by year, send to one of the medical schools girls from their own neighbourhood, to study medicine, to become compounders, nurses, and dhais, so that the hospitals they have started may never have to be closed for want of female officers to direct them.

She wrote further:

> I believe the teaching of midwifery to be the most important and the most urgent work we have to do, for this science is grievously misunderstood by the ordinary dhais of the country. Few people know the dreadful cruelties perpetrated by these women under the guise of professional aid, while those who suffer at their hands are too ignorant of any better treatment to resent their malpractices. . . . Part of the treatment, before the birth of the child (as shown in official reports) consists in kneading the patient with the foot and stamping upon her hip joints, while in extreme cases a pole is placed across her, the attendants resting their whole weight on either end.

The details are often too painful to repeat, but, as leading characteristics, common to most parts of India,

> there is the unhealthy room, remarkable for the unsanitary nature of its arrangements; there are the charcoal fire, the absolute lack of ventilation, and the crowd of spectators; there is the extreme and accumulating dirt, and added to all this the further danger attending the ministrations of the ignorant or the careless or the vicious dhai. Nor can we, in the case of Indian women, comfort ourselves, as we are apt to do, with the idea that they lead a more natural life than Europeans and, therefore, suffer little at childbirth. The very contrary is the case.

> The lives led by all but the very poor are most unnatural, and as they marry unnaturally young, they suffer more at the time, and are much more liable than older women would be to injuries causing lifelong suffering.[1]

The work of teaching midwives and nurses, most arduous and difficult as it was, went on, at first slowly—then with gratifying steadiness; the Dufferin Hospital at Nagpur was the first one for women and children in the central provinces. It is impossible for us to mention all the branches and work undertaken, but the map of India in the reports of the association, showing all the centres of work under the fund in red, is a revelation, while from year to year the beneficent results of its activities are more widely extended. The yearly reports[2] should be studied for the most recent information.

In closing her report, Lady Dufferin said:

> It is a sense of obligation . . . that I wish to instil into the minds of men throughout this country. I want them to look upon the provision of medical aid for their mothers, wives, and daughters, as a positive duty, and to give not only money, but time and talents and personal labour to procure it for them. . . . If relief is to be brought not to tens, but to hundreds of thousands of Indian homes, as it should be, then it is not one society, or a certain number of single individuals, who can accomplish such a task. It is the determined attitude of the men of this country which must do it. It lies with them to give the women relief in suffering. . . .

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[1] From *A Record of Three Years' Work of the National Association for Medical Relief to the Women of India, August, 1885 to 1888.* by the Marchioness of Dufferin and Ava. Hatchard, London, 1889,

[2] Printed at the Bombay Gazette Electric Printing Works.

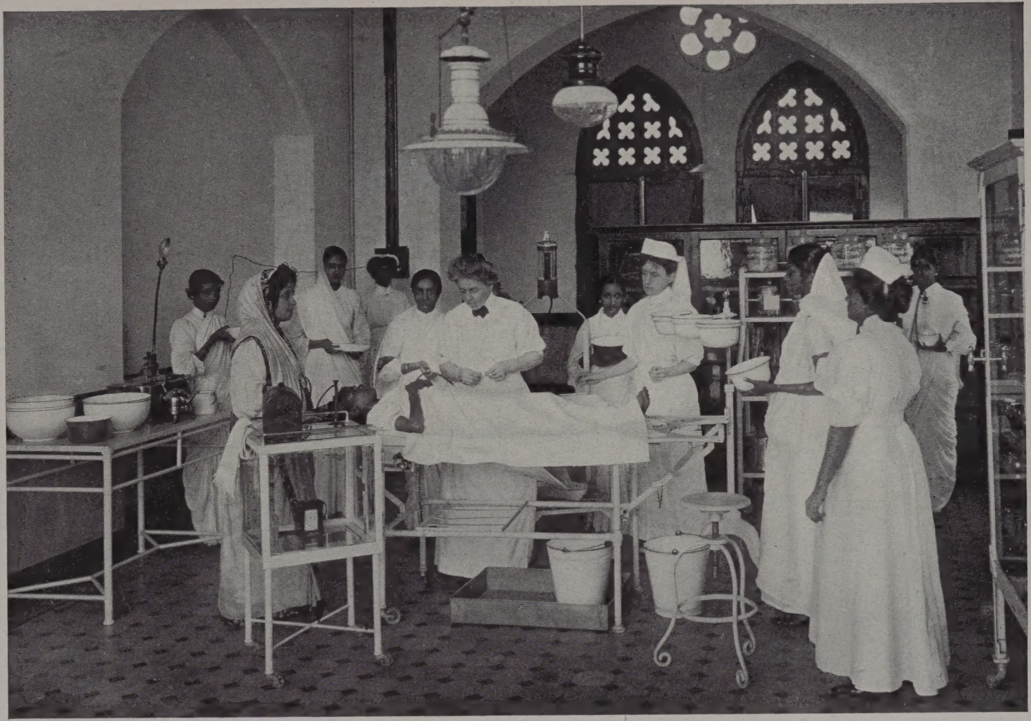
The first regular training school in India for the systematic instruction of native pupils in medical and surgical nursing, as well as midwifery, was established in 1886 by the Bombay branch of the Countess of Dufferin's Fund in connection with the Cama Hospital in Bombay. It is a civil institution under government management and is solely for women and children of all castes and all denominations. Two English physicians and a staff of English nurses opened the work of the hospital, but the training school dates from the appointment, a little later in the same year, 1886, of Miss Edith Atkinson, as lady superintendent. Trained at the York Road Hospital in England, she had gone to India in 1884 and had served in St. George's and other centres. An exceptionally able and sympathetic woman, she gave a whole-hearted devotion to her work, and died in 1905 after nineteen years spent in the training school. Two auxiliary institutions are now allied to the Cama, both the gifts of wealthy Indian gentlemen and named after them—one an obstetrical hospital, the Allbless, and the other a dispensary for women and children, the Iaffer Suleiman. These are entirely in charge of women physicians.

The nurses' training, at first one year, was extended to one and a half, and in 1905 brought up to the three-year standard. Though the staff nurses and hospitals are supported by the government, the training school is still kept up by the Dufferin Fund. It was at first impossible to get native women to leave their homes for more than a year, but they learned to do so readily, and, between 1887 and 1910, 220 pupils had been trained and seven had had six months midwifery as well. In the year last mentioned, Miss S. Grace Tindall, the lady superintendent in charge, wrote:

> Our pupils go into all parts of India and often return to their old school in positions of trust. I have former pupils as charge nurses in the civil hospitals of Maymyo, Karachi, and Moulmein, and have placed native nurses in charge of female wards in Amritsar and elsewhere. I am asked to fill more vacancies than I can possibly supply, showing that our nurses are appreciated.

Miss Tindall was trained in England, and had had wide experience at home and in Egypt before coming to India. Active in organisation, she was chosen first president of the Trained Nurses Association of India when it was formed in 1911, and under her guidance the school advanced in development; teaching was thoroughly organised, and lectures given in English and in the native "vernaculars." The nurses wear white without distinction of class. In the lecture-room of the school are tablets whereon are placed the names of all who receive certificates.

One of the earliest pieces of pioneer nursing work was that of the Zenana Bible Medical Mission, which has aimed both at providing English trained nurses for the needs of the medical service, and at training the native women as nurses. Its nursing field was taken up in 1882, when Miss Marston came with her sister, Dr. A. Marston, to the hospital at Lucknow. She, however, was transferred within the year to the Zenana work. In 1883, two trained nurses, Miss Gregory, who was trained in Manchester, and Miss



Camá Hospital, Bombay

Miss Tindall handing instruments

Roper, were sent out. The latter was placed at Lucknow, then the only hospital of the mission, while the former studied the vernaculars in preparation for the expected opening of a second hospital in Benares. When this new hospital was opened in 1888, Miss Gregory began the training of native women there. Hers was a varied and useful service, for at the time this was written she was still connected with the hospitals of the mission, sometimes directing, sometimes helping with the nursing departments, and always leading the way to new and improved methods.

Other nurses in the training work have been three from the Manchester Royal Infirmary, Miss Bowesman, Miss Riley, and Miss Grant; Miss Creighton from the Illinois school in Chicago; Miss Bostrop, a Dane; Miss Watson, trained in Liverpool, Miss Wright, in Derbyshire, and Miss Pearse, in the Edinburgh Royal Infirmary. Under these women, the training was brought up to an organised three years, study and examinations arranged, and text-books translated into the Persian and Roman Urdu. The mission has several hospitals. The first Indian probationer to take the full course here was Hermina Caleb, who graduated in 1897. Although she soon married, she studied pharmacy and remained at work in one of the hospitals as compounder until 1904. Of forty-odd nurses trained in ten or more years, nineteen married almost at once, which does not look as if India would be speedily overstocked with nurses.

Miss Creighton has told of an incident of plague nursing under this mission, which shows a high degree of fortitude in our Indian sisters:

In 1902, when the plague was at its worst in Lucknow, we built a plague camp. The huts, made of grass, were large enough for two patients and, as it was intended for Zenana women, we had an enclosure made of reeds around it. I shall never forget the day when I asked for volunteers from among our Indian nurses for this camp. I could only give them two days to think about it, and when I gathered them all together and asked who was willing to go, making it very plain to them that perhaps they would never return, out of the twelve four spoke and said: "We will take our lives in our hands and go." They made all preparations in case they should not return, and, taking their oldest clothes in bundles, we silently walked to camp. For months they were in the camps, cut off from every one, and what they went through would have made many an English heart faint. It was not only the being in a lonely place with the dead and dying; many times robbers came their way, with their strange custom of imitating the cries of wild animals. A gang went through the field one night between eleven o'clock and midnight, when I was in the camp. They imitated jackals until the field seemed full of them. In another camp, a native nurse, the only one on night duty, was attacked by a robber. Although he seized her by the throat, she succeeded in driving him off and stayed at her post until the morning.

The Sisters of All Saints took an important part in developing Indian nursing. In 1884, they took charge of the European General Hospital, Bombay, and a year later of St. George's, the intention of the authorities being that their work should form a centre from which well-trained nurses might be supplied to other institutions. In 1907, St. George's formed its own staff, but in the Jamsetjee Jejeebhoy

Martha Phullo

A Brahman Nurse, Lucknow Hospital

A Parsee Trained Nurse

By Courtesy of the Presbyterian Board of Missions

Hospital in Bombay among others, the Sisters continued to train not only Europeans, but also numbers of Parsee and Indian pupil nurses. St. George's formed a Nursing Association, and chose Miss C. R. Mill, from the Dundee Royal Infirmary, as lady superintendent. Miss Mill, who joined the International Council of Nurses at its formation, to represent India, had had five years' experience in plague nursing in Poona, under the government, as well as ordinary work in England. St. George's training is for three years, while the nurses sign for four, spending the last on the private staff.

The North India School of Medicine, founded at Ludhiana in 1894 by Dr. Edith Brown (England), has done yeoman's service in early training efforts. Dr. Brown wrote:

> Nineteen years ago when I came out to India, there was nothing which could be called nursing in the Woman's Hospital, and it was exceedingly difficult to get any woman or girl of good family to enter a course of training. Sanitary work was objected to as "sweeper's work" and personal care of the patients as "ayah's work," while there was no appreciation of the necessity for accuracy or method in the giving of medicines and food. Some of the orphan girls were sent from the orphanage to learn nursing, the reason for their coming being such as the following:
>
> "As she has only one eye and cannot be a teacher," or, "as she is so disobedient, I can do nothing with her" or, "as she has such a bad temper that she cannot be trusted in the school, because she beats the children."
>
> Further, they were sent to us at sixteen years of age, if at all, as it was "not worth while to keep them longer

in school," and when they came they were physically not strong enough for such work—were afraid of being awake at night, and, if a patient were specially ill, were actually afraid to go near her alone at night, so it may be imagined our difficulties were great. After some time we got some European girls and a few girls of good family to take up the work, following the example of those at home, and this gave a certain amount of prestige which has made it easier. The presence of English nurses in India, too, has had much influence in altering the general attitude towards the profession. In 1900, we were joined by Sister Winifred Thorpe, whose influence has been great in India, and under her superintendence our course of study was raised from two to three years, and a higher standard of preliminary education was required. Nurses who have gone from our school have had responsible posts in government hospitals in Simla, Lahore, and Amritsar, and in many mission hospitals in North India.

The Albert Edward Hospital of Kolhapur took its first class of native women to be trained as nurses in 1890. They were hardly able to read, yet did excellent work, and their example was not without influence among high-caste women. In 1905 another class was formed and a better educated body of women then came forward. Ten of them, superior women in every way, completed the course of training.

The Canadian Presbyterian Mission built its first women's hospital at Indore, Central India, in 1891, and worked slowly toward nursing efficiency. For five years the nursing of all the patients had to be done by their friends, but, in 1896, a graduate of the Toronto General Hospital, Miss Harriet Thomson, came into the mission, and, in 1898, the first class of two probationers was started, with a native head nurse trained in a mission hospital at Benares. One of the two first probationers died. The other completed a three years' course, took her certificate, and was appointed as head nurse in a native state hospital. The uniform is a pink and white check with the white draperies of the country. The mission has also a hospital in Dhar. Canadian trained nurses have done excellent work in these centres.

The American Evangelical Lutheran Mission opened its hospital at Guntur, South India, in 1897. Many obstacles had to be surmounted before native prejudices to nursing duties were finally overcome. Well-educated girls regarded such duties as very degrading, conflicting with ideas of caste, and it was finally decided to open a training school for European and Eurasian candidates as an example. After laborious introductory work the school was started in 1899 with three pupils. Beginning with two years, the course was soon extended to three, and a careful arrangement has been satisfactorily followed for teaching anatomy and physiology, surgical and medical nursing, materia medica, and midwifery in class and lecture, with practical demonstrations and classroom equipment. So well did all progress, that, in April, 1910, on the day after the annual commencement, an alumnæ association or league was organised, members of five classes being present. Miss K. Fahs, then the superintendent (University of Pennsylvania Hospital), to whose ability and earnestness most of this result was due, wrote: "We have finally overcome the native prejudice to nursing, and now have more applicants than we can take. We have conquered the unwillingness to sweep, and the opposition to all those duties once considered degrading. The nurses do everything for the patients, and we do not allow a sweeper to enter the wards. It was uphill work, but we have succeeded, and feel proud of our success."

The English Baptist Zenana Mission had its first English nurse at the hospital at Palwal, but this service was more or less tentative until the arrival in February, 1905, of Sister Duff, who held London Hospital and other certificates and had been for three years in plague work in Bombay, Poona, and Ahmednagar. She rounded out the course of instruction and added class work in special practical nursing. The next English nurses who came to the work continued to build up, and progress was marked and encouraging. The course developed to three years, and Indian girls were trained into excellent nurses, yet when they first came, "beds, sheets, and cleanliness were unheard-of luxuries and punctuality an uncoveted virtue." In the various hospitals of the Baptist mission trained nurses are paid as high salaries as teachers, and this gives them standing in Indian eyes.

From the United Free Church of Scotland Mission with its Mure Memorial Hospital at Nagpur comes the report:

> The young girls over seventeen who are taken are irresponsible and require much supervision. As a rule, they marry at or before the end of their training. The uneducated women, if intelligent and suitable, make good nurses, though to train them is a task needing much

time and patience. Our Matron and nurse-in-charge is a girl of our own training, an exceptionally good nurse, and quite capable of directing and superintending the juniors. She has now been with us for several years and is still, at twenty-five, unmarried, so is an exception to the general rule. During the three years, the subjects taught are elementary physiology, bandaging, surgical instruments, sick-room cookery, simple compounding, and midwifery. Examinations follow each course of lectures and a certificate is given if merited. The uneducated women have a longer training and less class work than the others. Some of our nurses have taken good posts in other hospitals.

The simple narratives of these pioneer efforts show what an immense process of upbuilding is going on in India under the faithful hands of nurses from many countries. The constant aim and efforts of the nursing superintendents there tend toward a practical working uniformity or standardising of training. To this end there has been formed the Association of Nursing Superintendents of India, first proposed at a conference in 1905 and agreed upon in 1907, and this body has called into being the Trained Nurses' Association of India. A journal for self-expression and as a carrier of professional communications, called the *Nursing Journal of India*, was successfully launched in 1910, and with this organ at command and the quickened interest that results from co-operative effort, great impetus forward is at hand. The *Journal* was first edited by Mrs. Etha Butcher Klosz, from the Johns Hopkins.

The question rife in hospital work all over the world —of uniformity in training—was definitely taken up in 1909, when, at a conference of the India Medical Mission Association, a resolution was passed authorising Miss E. MacDonnell (superintendent of the South Travancore Medical Mission of the London Missionary Society and trained at the Edinburgh Royal Infirmary) to inquire into and report upon this subject. Miss MacDonnell's work was arduous, for the standard of training for native Indian nurses was to be itemised and compared, and the proposition of two levels—one for the hospitals under the government and another for those under the missions—considered. Her committee sent out a questionnaire in 1910 and, to focus replies, put forth a tentative proposal for arriving at a uniform standard for the mission training schools. Briefly, this called for an admission age not under eighteen, good vernacular education (about seven years of schooling) with some knowledge of English, regular entrance periods twice yearly, a three years' course with the subjects laid down for each year, and an agreement on text-books for study. Miss MacDonnell further wrote: "It was felt that it would very materially help in raising the standard of nursing in mission hospitals throughout India if a nursing diploma were granted, not by each unit, but by the I. M. M. A. who, through its local branch, would appoint examiners annually."

The direction of effort of nurses in India is further shown by an editorial in the March *Journal*, 1911, closing with these words: "We are working towards registration of nurses, *i.e.*, government recognition of the status of a trained nurse. . . . To get registration, we must have a uniform standard of training."

The first definite example of incipient registration

Miss M. E. McDonnell and Nurses at Neyoor

is shown in the Presidency of Bombay, where a central nursing board was formed in 1909–10 under the Bombay Presidency Nursing Association, to standardise training, set examinations, and give one certificate to graduates from all the hospitals in its territory. The first examination held under the auspices of this body was described critically, by Miss Tindall, in the *Nursing Journal of India* for November, 1911. Tentative though it may seem, this must be regarded as an important event, marking a beginning of far-reaching changes.

Private nursing in India is largely confined to the foreign colonies there, and is chiefly carried on through associations, of which that called Lady Minto's Indian Nursing Association is the largest, most recent, and also the most comprehensive, in that it recognised and made use of existing organisations, amplifying all, and extending their services. It was projected in 1906. In the report for 1909, Mrs. Jessie B. Davies, Lady Superintendent of a staff comprising three assistant superintendents and forty-eight Sisters, gave some details, as follows:

> It may be interesting to note that, under special conditions, nurses are supplied to Indian ladies and gentlemen, the conditions being that the number of nurses unemployed in the home is more than sufficient for the needs of the registered subscribers, that the applicants must be living in European fashion, and able to provide suitable food and accommodation for the nurse, that only those nurses who volunteer should be sent, and that a special fee should be charged in all such cases.
>
> All nurses engaged for service in India are carefully

examined as to physical fitness. Inoculation against enteric fever, which is now compulsory for all nurses coming out, is done free of charge at the pathological laboratory of the Royal Medical College at Millbank, and the association is much indebted to the Director-General of the Army Medical Service for this privilege.

Association nurses are also permitted by the London School of Tropical Medicine to attend the lectures delivered by Sir Patrick Manson and Dr. Sandwith. These lectures include both the nursing of tropical diseases and the preservation of health in the tropics and are of very considerable importance to nurses going to India for the first time.

In order to meet the criticism that nurses must of necessity become old-fashioned in their methods after five years' private nursing, it was agreed that, if desirous to re-engage, they must consent to go through a course of three months' training in some recognised hospital approved by the central committee either at home or in India, and, at the termination of such period, must produce a certificate of efficiency.

There is also an association of Indian ladies who are undertaking to do something in nursing education, as shown by the following editorial from the *Nursing Journal:*

> The Seva Sadan, or Sisters of India Society, has just closed its second year. It is an association of Indian ladies who are trying to build up a sisterhood of women, who, irrespective of caste or creed, shall devote themselves to philanthropic work, much as Christian deaconesses do in other lands. . . .
>
> The Sadan has eight probationers in Bombay under a

Matron who gives her services free. One of these probationers is taking a nurse's training in the Sir Jamsetjee Jejeebhoy Hospital. She is maintained by the Sadan and will give her services to it, but the Sadan's officers desire to get a place where they can provide accommodation for in-patients and have at least one resident lady doctor and train their own nurses.

One of the friends of the association collects Rs. 100 a month to secure a nurse and midwife for work among the poor. Two nurses are employed, who visit the sick in all parts of the city and its suburbs. . . .

What chiefly interests us is the nursing part of their work. We could wish that the Sadan would send all its nurses to training schools in connection with large Indian hospitals, thus ensuring a good general preparation for their work, instead of opening a small hospital for training them itself. The report reads: "We want the public to realise that, to bring together women who have the same ideal of service, and to place them amidst surroundings, where, practically, nothing but service (*seva*) occupies their minds, is to solve half the problem of developing a true missionary spirit. We are at present making the best use of existing agencies. But there is a difference between institutions teaching paying occupations and turning out workers for pay, and institutions which aim at giving to the country devoted women, wedded to the ideal of loving, self-sacrificing service, and bearing 'the torch of knowledge and the balm of physical and spiritual comfort all over this ancient land, through the all-embracing agency of sisterly love and good-will.'" We do not think the report is quite fair here. These high motives of service are always kept in the foreground in training schools at home, and they are found very markedly in the superintendents of nurses out here. They form the ideal which is set before all the Indian girls who take up a training, even though they may have to make nursing their means of livelihood, and if the Sadan can send among them girls who already have these high aims, there must be gain on both sides.[1]

The outline here given may, it is hoped, bring an impression of nursing in India before the mind, but by no means does it indicate its extent. The lists of membership in the national society show fifty or more hospitals, many built and supported by the government, others expressing the munificence of wealthy Hindus or Parsees, as well as the mission hospitals. The women holding executive posts in these institutions are as yet preponderatingly English or American; one Indian nurse's name appears in the column of 1910, that of Rosie Singh, trained in the Memorial Hospital at Ludhiana and holding a post in the Sarah Seaward Mission Hospital at Allahabad. But in the future, Indian nurses should and doubtless will come into membership in ever larger numbers. At the Trained Nurses Association meeting in 1910, the question was discussed whether or not there should be a separate branch for the Indian women. Miss S. M. Tippetts (Guy's Hospital), Miss Tindall (Metropolitan and City of London), Miss Steen (Royal Infirmary, Edinburgh), Mrs. Klosz (Johns Hopkins), and others in the forefront of Indian nursing affairs took the just and right position that true professional unity must be their aim, and the Indian nurses be encouraged to develop into organisation work, not by themselves, but all together. At the same time, the superintendents' papers and discussions dwelt upon the enormous difficulties surrounding the training of native women and the indispensable need of their being trained by nurses, not by doctors, especially not by men, who could not—did not know how to—train.

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[1] *Nursing Journal of India*, Oct., 1910.

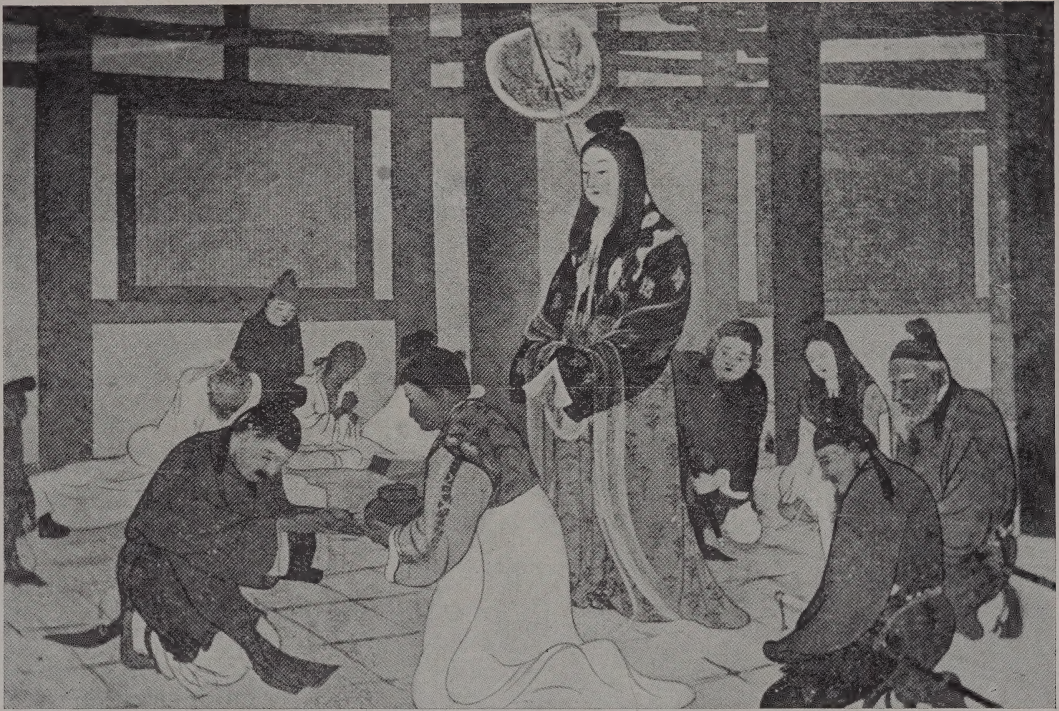
The story of nursing progress in India is woven through with the influence of Sister Winifred Thorpe, whose life of abounding gifts was ended by a distressing accident in 1909, and whose buoyant, inspiring personality, now gone, is mourned as a personal grief by her co-workers. She was trained in the Richmond Hospital, Dublin, and looked forward even then to mission work in India. Miss Tippetts spoke of her to the nurses' association in 1910, in the following terms:

> Almost entirely to her splendid zeal and enthusiasm were due the formation and organisation of, first, the Association of Nursing Superintendents of India and, later, of the Trained Nurses Association.
>
> She worked untiringly as secretary and treasurer of these associations, when the work entailed must have been a heavy tax in addition to her already heavy hospital duties. She inspired all those with whom she came in contact, and by organising these two associations, she has left her mark on the nursing profession of India.
>
> Her enthusiasm was unflagging, and her dearest hope was to see nursing in India put on a thoroughly satisfactory basis and brought up as nearly as possible to the standard of nursing at home. She believed, as we all hope, that the associations will set a very high standard of work and character among the nurses of India, and that they will help and support them in the difficulties that are well-nigh insurmountable alone.
>
> We can never forget Miss Thorpe's splendid work,

and her name will ever call forth our admiration and gratitude.

Japan. The recorded history of nursing in Japan begins twelve hundred years ago with the legends of the empress whose figure corresponds to that of the holy Elizabeth and other nursing saints. A translation of her story was brought from Japan by Miss Wald and Miss Waters of the New York Nurses' Settlement, and runs thus:

Over twelve hundred years ago there lived an empress whose name was Komio. She was the wife of the Emperor Shyomu, who built many temples, and brought many sacred objects from China and India. She was endowed with a very merciful and charitable heart. She established two charitable institutions: (1) Hidenin, a place where orphans and aged people came to be taken care of; (2) Seyaknin, a place where the poor were provided with medicines and necessary things for the sick. [A charity hospital.] With the permission of the Emperor she built a house where people came to be bathed, and sent word to the near-by towns that the Empress herself would bathe the lepers. The number [to be bathed by her own hands] was limited to one thousand. One after the other the patients came, but when the number reached 999, there was a sudden stop to their coming. The Empress was greatly disappointed and wondered why there was not one more to make up the number. Finally there came a very ragged dirty man, whose whole body was covered with ulcers, of which the odour was enough to make those sick who were near by. He stopped at the gate and asked those inside to let him in. But he was so filthy that the custodian refused to let him in. The ragged man still begged repeatedly to be



The Empress Komeyo Distributing Medicines in her Charity Hospital

admitted, and finally the word reached the Empress and she sent out her orders that he be let in, and they were obeyed immediately.

The leper was led to the bathroom by the Empress herself, in reply to his plea that she should bathe him. She was so abounding in mercy that she did not hesitate a moment, and while she was washing the leper he was suddenly transformed into a very perfect being. Astonished, she asked him who he was. Then in a loud voice he answered: "I am the image of Ahiniyorai; I came to see whether you were doing this work from your heart or only to gain the praise of the people." Then he rode on the purple cloud and vanished away. So bright a light radiated from him as he disappeared that the people named the place "Komio San Ashikaji." [Komio —light or bright; San—mountain.][1]

From the day of the merciful Empress we come to modern times, convinced that her story is an emblem of the ministrations of gentle, delicate Japanese women to the sick and suffering, even though they were not recorded or performed in public.

The Charity Hospital in Tokio, one of the best charity hospitals in the country, was established in 1882. The first training school in Japan was that started in September, 1885, by Miss Linda Richards, who, early in that year, was sent by the American

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[1] Hospitals and asylums for lepers in modern times, we are told, have been chiefly founded and carried on by foreign missionaries: by a Catholic Father at Hakone; by Miss Youngman, an American missionary, in 1894, at Tokio; by Miss Riddell and Miss Knott, two English missionaries, at Kumamoto, in 1895, and others. See page 108, vol. ii., of *Fifty Years of New Japan*, in two volumes, compiled by Count Shigenobu Okuma, English version edited by Marcus B. Huish; London, Smith, Elder & Co., 1909. The story of the Empress was written down for Miss Wald by a Japanese friend.

Board of Missions to organise a school for the training of women nurses in the Doshisha Hospital in Kyoto. Beginning with the tiniest outfit and accommodations, but with a group of well-educated girls and married women, the school graduated its first four pupils in June, 1888, and its reputation had so grown in the meantime that the second year opened with thirty patients, new wards, and a home for nurses. Miss Richards stayed for five years in Japan, and after her departure the school came under Japanese management.[1] Her first printed mention of this work was made in 1902, when she wrote:

> So it came to pass that the first training school for nurses in Japan was organised and, for a time, controlled by Americans. At first, like all new movements, it was carefully watched to see if it was really just what was wanted to meet the demands . . . There are no people more quick to recognise merit in any enterprise than the Japanese, nor can a people be found who will more quickly detect weak points. Notes of merit and demerit were carefully made, and soon it was pronounced a good and desirable thing. . . . Shortly a second and much more important school was opened, having for its patroness the Empress herself. It was organised in connection with the Empress's Hospital, and, of course, received the sanction and support of the government. . . . The Japanese did not consider all methods in use in foreign training schools perfect, and decided to improve upon them. If training schools were to benefit women, it was thought they should be educational institutions, and pupils in them should have similar advantages to

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[1] *Reminiscences of America's First Trained Nurse*, by Linda Richards, Whitcomb & Barrows, Boston, 1911.

those in other schools; they must be treated as scholars, and, therefore, an entrance examination was required. The nurses were to be self-supporting, the hours of duty must be fixed, and those for study, lectures, and recitation must be ample. Most of the applicants were graduates from good schools, young women of high purpose, with a determination to succeed, and to such success is assured.[1]

Miss Richards's work laid the foundations for a friendly feeling between American and Japanese nurses. Since that day many Japanese probationers have come to America for training, and others, trained at home, have come for post-graduate work.

A vivid description of the organisation and ideals of modern Japanese nursing was brought by Miss Hagiwara to the London Congress in 1909, and is here repeated almost in full. It was prepared in the Red Cross headquarters in Tokio under the direct auspices of Prince M. Matsukata, president of the Red Cross Society of Japan, to whose kindness and interest in the International Congress of Nurses we owed the friendly participation of Japan and the presence of several Japanese nurses, one of whom came from Paris as a delegate from her country. The war between Japan and Russia had brought the brilliant achievements of Japanese nurses into world-wide renown, attracting the interest and sympathy of those in all other countries. When, therefore, these little ladies came upon the platform beautifully dressed and covered with decorations for valour in three wars, the stir and interest were lively and cordial. They quickly won all hearts, and Miss Hagiwara, the delegate, was one of the centres of attraction at the reunions.

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[1] *American Journal of Nursing*, April, 1902, p. 491.

The work of nursing in Japan has no such old history as in Christian countries. The association of Christian Sisters is unknown in Japan, not because there was no charity in the country, but because Buddhism—Japan's chief religion for centuries—laid much greater stress upon helping the poor than upon nursing the sick and wounded. In addition to this fact, up to very recent years, social rules as to the separation between the sexes were so strict that, outside the sphere of family relationship, no idea could be entertained of a woman taking care of a sick or wounded man, unless for pay, and mercenary nursing has not the same element of charity and self-sacrifice in it.

The art of nursing by women was first introduced with the art of treating patients according to Western methods, and nurses are now being employed in great numbers in all the hospitals, public and private; and considering that there are in the whole of Japan 102 institutions for their training, besides those belonging to the Red Cross Society, we may presume that their number is very rapidly increasing. In this paper we shall not attempt to describe other institutions than those of the Red Cross Society. Several local governments have within recent years enforced regulations according to which only those qualified for the work can make nursing a profession. But our present purpose is to introduce to our Western sisters the Red Cross nurses of Japan.

The 14,000 nurses of our Red Cross Society are in two divisions, namely, voluntary nurses and relief nurses, whose duties have been developed upon the following lines.

The Japanese Red Cross Society collects contributions from generous and patriotic people, and, with the capital so realised, trains and exercises the relief personnel of both sexes in time of peace, in order to assist the medical service of the army and the navy in time of war. And in order that the Red Cross Society may properly execute its plans, it is necessary that everybody belonging to its relief personnel should do his or her work, not for the sake of personal gain, but with the idea of moral duty, an idea which can be sought for only among the higher classes of society. But, under the old régime, the women of the higher classes were exactly those that were bound most strictly by the rules concerning the separation of the sexes, and it was almost hopeless to induce them to become nurses whose part it was to take care of the sick and wounded soldiers that were not their relatives, not even friends. To overcome this difficulty a special plan was adopted, and executed with lasting success, by the founders of the Japanese Red Cross Society. It consisted in inducing ladies in the highest class of our society to show by personal example that nursing is a noble and honourable work—noble enough even for the daughters of kings and princes—if done, not for gain, but with the elevated idea of a moral duty. Let all praise be due to our most benevolent and loving Empress that she concurred in this plan, and caused the princesses of the Imperial family and the wives and daughters of the highest dignitaries to take part in its execution.

Thus, in May, 1887, the year in which the Japanese Red Cross Society joined the international association of her sister societies, an association of about twenty ladies was formed, with Princess Arisugawa for its president, and all the other princesses of the Imperial family for its vice-presidents. They came together once in every month to receive instruction in nursing and dressing wounds, and more ladies were invited to join the patriotic work. This attracted such public attention that in a short time its members increased a hundredfold, and had not only the effect of dispersing all the idea of meanness connected with nursing, but also that of breaking through the custom of our ladies leading a life of seclusion and retirement, and gave them the impulse to come out and take part in the work of public utility. This is the origin of the Volunteer Nursing Association in Japan. Its subsequent development was remarkably rapid, and it rendered great services in the Chinese war of 1894, the Russian war of 1904, and the Boxer troubles of 1900. It now forms an important auxiliary force, side by side with the relief nurses to be next described. It has its central committee in the headquarters of the Japanese Red Cross Society in Tokio, and forty-four branches in the different provinces of the Empire, and counts at present over ten thousand two hundred members. Not a few of the foreign residents in Japan take part in it, and it is our great pride to count among its associates Lady Macdonald, wife of the British Ambassador, and Mrs. Richardson, now in London, widow of the late Colonel Richardson, who had fought for his country in South Africa.

Let us now pass on to the relief nurses of our society. The name demands an explanation. All the persons that the Japanese Red Cross Society specially trains in view of service in time of war, according to the regulations authorised by the army and navy, constitute the relief personnel, and the nurses that form a part of this personnel are relief nurses (the volunteer nurses just described form no part of relief nurses, because they are not included in the relief personnel). The relief nurses are taken from among general candidates upon examination, and are subjected to special training, at the expense of the society, either in its main hospital in Tokio or in the hospitals belonging to its local sections, for the term of three years, during which they are called the "probationers" of the Japanese Red Cross Society. In provinces where no Red Cross hospitals exist, arrangement is made with other public or private hospitals for their training in the way fixed by the society. They are also from time to time sent to military and naval hospitals in order to be instructed in matters connected with the medical organisation of the army and navy. The "probationers" are between sixteen and thirty years of age, and unmarried. We have not yet been able to make inquiries as to the position of women that volunteer to become Red Cross nurses, but we are almost sure that the difficulty of marriage is not the cause; for dowry, which makes marriage such a difficult thing in Europe, is almost unknown in Japan. As already said, the strongest motive would be that of following the example set by the ladies in the highest position devoting themselves to nursing out of patriotic ideas; to which we might perhaps add the motive of acquiring some art which can serve as a means of leading an independent life, whenever compelled by circumstances to do so. At all events, all the probationers belong to the middle and higher classes of society, for only those with an adequate amount of education are admitted. After graduation they are bound by a solemn oath, written in documents, to remain faithful to the principles and respond to the calls for service of the society any time during the period of fifteen years, reckoned from the date of graduation. Travelling expenses and salaries are paid to them whenever called on by the society and during the time of their service.

The three years' course is divided into the first term of one year and the second term of two years, the former being devoted to theoretical instruction and the latter to practical training. The theoretical instruction consists of the outlines of anatomy and physiology, bandaging, nursing, disinfection, obstetrics, diseases of women, nursing of the first born, assisting surgical operations and medical treatment, massage, manipulation of instruments, improvised treatment of the wounded, hygiene, outlines of pharmacology, and transport of patients. Also, the "Instructions to relief personnel," ethics and "Moral counsel to nurses," "Rules of saluting and other etiquette of the relief corps," grades and denominations of military and naval officers and their uniforms, international treaties concerning the Red Cross work, a sketch of the history and organisation of the Japanese Red Cross Society, and the organisation of its relief work in time of war, are taught as side studies. Lessons are also given in the treatment and feeding of patients in military hospitals at the front, the disposal of deceased patients and of their wills, the service in the base hospitals and the fortress hospitals of the army and in the hospitals of the navy. Foreign language is optional. A glance at the subjects taught will show that it is only the well-educated daughters of the middle and the higher classes, possessed of intelligence above mediocrity, that can aspire to become relief nurses of our society.

Those that have shown themselves to be excellent both in theoretical training and practical work are subjected to a course of special training for another six months in the Red Cross Hospital of Tokio, after which they are once more examined, and, if successful, are granted the diplomas qualifying them to be head nurses of the society.

During training the probationers are obliged to live in the dormitories under the strict guidance and control of their superiors. They are not permitted to discontinue the study at their own will, unless it be on account of illness or other disqualifying circumstances.

Since this system of training was begun in 1890, 4067 students were admitted, of which 3160 graduated, 486 died or had to give up the study before graduation, and 421 are still under training. The relief nurses of the society are free to marry or to adopt any mode of life they choose, provided they remain faithful to the vow and keep themselves ready to respond to the calls of the society at any moment; but, of course, a great majority of them willingly continue their work in public and private hospitals, or offer their services to private families, where they are especially welcomed, and enjoy very good reputation on account of their education and good discipline. For fear lest among such a great number there may be some one or other that goes astray and does things detrimental to the dignity of a Red Cross nurse, a home for the graduated nurses is established in the Red Cross Hospital in Tokio, under the name of "Department for Services Outside the Hospital," and those that wish to employ Red Cross nurses are made to apply and pay to this department, which looks after the wants of the inmates and deducts a small portion of the fees received to defray the expenses of their protection and control. This arrangement also serves as a means for rapidly despatching the nurses in cases of public calamity.

Service in Time of Peace and of War.

The voluntary nurses have no fixed obligations in time of peace beyond receiving instruction at the regular meetings of the association and volunteering for relief work or visiting patients when there is a sudden necessity, in consequence of earthquakes, inundations, great fires, and the like. In time of war they devote themselves to works either resolved upon by the association or commissioned by the military or naval authorities. In the Chino-Japanese war of 1894, for instance, a great number of them, including the princesses of the Imperial family, assembled day after day in the hospital of the society to make bandage-rolls in great quantities, partly as free gifts to the army, but mostly in compliance with the demand made to the association by the Army Medical Service. Also, two of the oldest members of the association repaired to Hiroshima, which was the base of operation of the army fighting in China, and became directresses of the relief nurses serving in the military hospital of that place. Other members, all of them ladies in the highest position, visited the military and naval hospitals as representing the whole association. These visits to hospitals are regarded as a matter of great importance in Japan, for among the soldiers are men from the lowest classes, such as labourers and coolies, who can never hope to converse with ladies of the highest position in ordinary times; but when they are admitted into hospitals as sick or wounded soldiers they are spoken to and consoled by these ladies, and the feeling of honour done to them certainly does them good.

In the Boxer troubles of 1900 the sick and wounded were not numerous; but the ladies of the Voluntary Nursing Association paid visits to patients, and also tried in many ways to encourage the relief nurses working in the hospitals and hospital ships.

But it is in the late Russian war that the Voluntary Nursing Association, hitherto playing rather a decorative part in the whole organisation of the Red Cross work in Japan, showed a great activity and proved itself to be an important factor in the real relieving force of the society. In the seventeen provinces of the Empire, the real work of nursing in the base hospitals of the army and in their sections was actively assisted by the members of the association living in the respective localities, and in every landing-place and railway-station where the sick and wounded soldiers returning from the front were made to rest and take meals, rest-stations were established by the local committees of the Red Cross Society and worked by the members of the Voluntary Nursing Association, some changing the bandages or washing the faces of the soldiers, and others aiding them in taking meals. Others, again, paid visits to hospitals, distributed presents to patients, and even occasionally gave entertainments in music and other amusements in order to make them forget their sufferings.

Some of the members in Tokio devoted themselves to the manufacture of bandage-rolls and caps for patients; and her Majesty, the Empress, visited their workroom to encourage the ladies, and contributed to the fund of the undertaking. One thing to be especially noted is that all through this long war every single packet of bandages carried by Japanese soldiers in their pockets was manufactured by our voluntary nurses. These being the very first bandages that are to be placed by the soldiers themselves on their fresh wounds, the medical authorities of the army wished to be absolutely sure that they were properly disinfected and rolled, so that their manufacture could not very well be trusted to merchants. That is the reason why they asked the Voluntary Nursing Association to undertake the task. Two hundred and fifty members, including the Imperial princesses, took part in the work and laboured hard from nine in the morning till four in the afternoon, through heat and cold, between the months of June, 1904, and of February, 1905. Such a fact as this could not fail to act as a great stimulus to the relief nurses rendering their services in other districts, and contributed not a little to the encouragement of soldiers going out to expose their life and limbs to enemies' fire and swords. Again, all the sick and wounded soldiers brought home from the front and transported to provinces east of Tokio had to pass through that city, and every time announcement was made of trains carrying such patients arriving there, the Imperial princesses, with other members of the association in their suite, repaired in turn to the railway-station, personally consoled the soldiers, and distributed to them patients' caps made by themselves and the ladies of the Court. In this war, 2811 members of the Voluntary Nursing Association assisted the real work of relief in the different localities, 79 of them were decorated for their services by the state, and 1399 received diplomas of honour from the society.

The relief nurses especially trained by the society have many duties, both in time of war and of peace. Whenever a great public calamity takes place, and many cases of wounded occur at once, the local section of the Japanese Red Cross Society concerned calls together the relief nurses under its jurisdiction and despatches them to the scene of disaster. Again, when the Imperial army has its manœuvres, all the relief personnel of our society, and with it the relief nurses, are also called out for purposes of manœuvring in combination with the troops. Besides these extraordinary calls, there is a roll-call once in every two years in order to ascertain that the nurses whose names are on the list are ready and fit for service in cases of national emergency. The occasion is also utilised for giving necessary instructions to the nurses. All the head nurses are called once during the fifteen years of their engagement specially for the purpose of training them in the work for which they are intended. The writ of calls ought to be served to the persons addressed at least twenty days before the date fixed as that of their departure. Every time the relief nurses are called, be it for roll-call, for manœuvres, etc., they are subjected to physical examination, and if found unfit for service in time of war, their names are struck out from the list. Should the nurses be behind time in responding to the call, or not respond at all, they are guilty of a breach of vow, and treated as such, unless a certificate of illness, signed by a physician, or a document establishing inevitability of the delay, is produced.

Before September 30th of each year, the president of the Japanese Red Cross Society has to draw up a report on the preparation of the society for service in time of war, covering the period of twelve months after April 1st of the following year, and present it to the Ministers of War and of the Navy, who utilise the personnel of the society in their plan of preparation for the emergency of war. Should war actually break out—which may God forbid!—and orders are issued by the ministers to organise the relief corps of the society in accordance with the plan of preparation, the nurses required for the relief corps mobilised are called, and every time a vacancy occurs after the corps have once been formed, supplementary calls are made. These two cases of call are to be carried out with the greatest strictness. In each local section of the society, forms of call-order are printed and stored away in time of peace, ready to be filled in with the necessary items before sending out, and, when sent out, the nurses addressed to, or the persons responsible for, the management of affairs during their absence are bound to post the receipt within twelve hours from the moment the order has reached them. In fact, everything is just like the calling in of reserve forces of the army.

The nurses thus called are incorporated into relief detachments and personnel of the hospital ships. These are the two hospital ships owned and equipped by the society, to be distinguished from the many ordinary merchantmen temporarily used as hospital ships by the army. The relief detachments, so-called, are the units of the relief organisation of the society, usually composed of two medical officers, one pharmaceutist, one clerk, two head nurses, and twenty nurses. In some detachments, attendants (men) are used instead of nurses. These units the military and naval authorities are at liberty to subdivide into smaller units, or combine to make greater ones, and employ them in hospitals and hospital ships. Usually the units formed of men attendants are sent to the front; while those composed of nurses are employed on board the hospital ships and in the hospitals at the base. Neither the army nor the navy has nurses, and for this indispensable element of good medical and surgical treatment, both depend entirely upon our society. And the way in which our relief personnel is employed as part of the medical organisation of the army or the navy is special: they are never permitted to work independently, but are placed under the direction and control of medical officers of the army and the navy, and in many cases our personnel work with the government personnel in one and the same ward. In each hospital ship there are only one directing medical officer and one or two non-commissioned officers representing the army, and all the rest of the medical staff is composed entirely of our relief personnel.

Of the 152 relief corps the Japanese Red Cross Society organised and used in the Russian war, 102 were relief detachments formed of nurses, 14 those composed partly of nurses and partly of men attendants, besides the personnel for the two hospital ships of the society, composed likewise of nurses and attendants. The detachments were used by the army and the navy in the following way: 77 detachments in twelve base hospitals and one fortress hospital of the army, 4 detachments in two hospitals of the navy, 35 detachments in twenty hospital ships of the army. The number of nurses employed was: 1 directress of nurses, 255 head nurses, 2526 nurses—total, 2782.

As the nurses belonging to the society were insufficient after the battle of Liao-yang, 829 out of the above number were recruited as a temporary measure from among the nurses trained at the Tokio Charity Hospital, the Medical College of Okayama, the Kumamoto branch of the Japanese Sanitary Association, etc. We have also to count the 99 relief nurses attached to the 20 rest-stations at landing-places and railway-stations.

The total number of the sick and wounded soldiers cared for by the eighty-one detachments serving in the base hospitals of the army and the hospitals of the navy was: 217,488 Japanese; 6743 Russian—total, 224,231.

Our detachments in the base hospitals were usually entrusted with the treatment of the gravest cases and infectious or contagious diseases, and where separate wards were established for the sick and wounded Russian soldiers, the Red Cross medical officers and nurses were placed in charge of such wards, as a rule. A special hospital having been established at Matsuyama for the wounded Russian sailors, victims of the battle of Nin-Sen (Chemulpo), the Minister of the Navy entrusted its entire management to our medical officers and nurses, who worked independently.

The work of the nurses in the two hospital ships of the society and the twenty hospital ships of the army during many consecutive months was the hardest for women, for that part of the sea is rough for the greater part of the year.

In this war, 39 nurses out of the total above given died, 409 had to be released from work on account of illness and other causes, and 2725 were rewarded by the state either with Orders or with money, or both.

Conclusion.

The above résumé will have shown the actual state of nurses and nursing in Japan as far as the Red Cross Society is concerned.

In conclusion, let me say a few words with regard to the special trait of our relief nurses, on whom the society relies most for its work in time of war. If there be any point in which they differ from the nurses in other countries, that difference must come from the fact that they are trained with the sole object of assisting the medical service of the army and the navy. It is true that they are employed for relief work in the case of public calamities as well, but only so far as there is surplus force, and then only as a means of exercising the relief work in time of war. At that time they are incorporated with the medical organisation of the army and the navy, as already said. To our knowledge, there is no country except Japan where *only* relief nurses—that is, thoroughly trained nurses bound by oath to serve the society—are relied upon by the Red Cross Society in preparing for work in time of war.[1] Voluntary nurses are used only as an auxiliary force, because it has been found difficult to keep up the rigid rules with volunteers, rules which service in the army and navy requires. Nobody is obliged to become a relief nurse of the Japanese Red Cross Society, but if once admitted and trained as such, the relief nurses are bound by oath to conform themselves to all the conditions of service, however strict, which the society imposes upon them, and that with military exactness. From this arises the distinguishing characteristic of our nurses, which may be summed up in the one word—*discipline*.

They pay attention to the minutest rules of correctness connected with their uniforms, postures, ways of saluting their superiors and of conversing with their equals; they are scrupulously clean and tidy, but never coquettish. They are always taught "to respect the patients, but not to become familiar with them," so that they never converse in a low voice with patients or correspond with them in writing. They do not accept presents in any form from the patients or their relatives, unless it be through the medium of the society. It is this fact of their being absolutely well disciplined and correct that made Japanese military and naval authorities decide to use the Red Cross nurses in the hospitals of the army and the navy, and the society is making every effort to make this precious quality as pronounced as possible. But, it may be asked, how is this quality maintained? It is clear that it can only be kept by constantly holding up a high ideal, strong enough to counteract all baser inducements, and this ideal is love of country, which with us is the ideal that burns most bright in the heart of every man and woman

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[1] This will hereafter be true of the United States also. All other Red Cross societies accept untrained volunteers.—ED.

It is a patriotic thing to nurse the sick and wounded soldiers, and women can nurse much better than men. Here, then, is the natural way in which women can be patriotic and do something for their country. Such is the thought which makes our nurses endure the hardships of a long training and respond with willing heart to the first call in time of war. "The Moral Counsel to the Red Cross Nurses" contains only twenty paragraphs, of which the following two will clearly show the intent of the whole:

"III.—Do not avoid danger or dislike dirt and filth if it be for the sake of your patients: and even if they be haughty and rude, never enter into direct dispute with them, remembering that to nurse the sick and the wounded is a duty towards the state which patriotism imposes upon you."

"XX.—The soldiers in time of war separate themselves from their parents, wives, and children, and undergo hardships and privations in order to sacrifice themselves loyally and faithfully to the cause of the Emperor. They are the iron fortresses of the realm. The rôle of Red Cross nurses being to nurse and alleviate the sufferings of these soldiers when sick or wounded, they serve the state indirectly by giving relief to the patients directly; and should they perform this work well with benevolence (towards the patients) and loyalty (to the state), we may say that they are as meritorious as the soldiers themselves running about in the battlefields under the shower of shells and bullets. It is a matter of great honour for a woman to be able to take part in service in time of war, and only those that follow in ordinary times the counsel as set forth in the above paragraphs shall be able to keep this honour intact. Hence it is that, over and above the technical studies, a behaviour in good conformity with the moral ideal is necessary."[1]

While this paper relates only to Red Cross nurses, who set the pattern for the country, there are many large city, county, and private hospitals in Japan that train excellent nurses for work in civil life. Their courses are from two to three years.

The first bold innovation in army nursing was carried through by Surgeon-General Tadanori Ishiguro, who was in charge of field sanitation during the war with China. He decided to call nurses to the Reserve hospitals, and says of this campaign:

> For the first time in Japanese history, by utilising the services of the Red Cross medical staff, female nurses were employed in the Reserve hospitals, these nurses having been trained for years at the Red Cross Hospital in Tokio, under the supervision of Dr. Hashimoto. This employment of female nurses met with loud opposition from some quarters because of antiquated notions regarding the relative status of men and women in Japan, but I stoutly maintained my original position and employed the Red Cross Hospital nurses in the military hospitals of Hiroshima and elsewhere. The results amply justified my course of action, for all these nurses proved an unqualified success.[2]

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[1] *Reports*, Int. Cong. of Nurses, London 1909.

[2] *Fifty Years of New Japan*, vol. ii., p. 317.

In May, 1910, the *Red Cross Bulletin* of Japan said of Miss Hagiwara and the London Congress:

> The Red Cross Society of Japan was requested by the International Council of Nurses to represent itself at the Second Quinquennial Meeting of the International Council of Nurses, convening in London from July 19 to July 23, 1909, to discuss the methods of nursing and its development. In response to this, the society despatched as delegate Miss Take Hagiwara, chief nurse of the Red Cross Nurses' Union, and made her report on "Nursing under the Red Cross Society of Japan." She served as nurse in the three late military campaigns abroad, that is, the Chino-Japanese war, the Boxer rebellion, and the Russo-Japanese war, and is at present engaged in the Central Hospital as assistant inspector of nurses and student-nurses; so her experience in nursing may be said to be very rich. She returned from her commission successfully fulfilled on September 29th. The International Council of Nurses asked the society to elect her as vice-president of the Council, to which we cheerfully consented.

All the world knows how brilliantly Japan distinguished herself in nursing, preventive medicine, and sanitation, as well as by bravery on the field, in the war with her terrible neighbour, Russia. Dr. Louis Seaman declared that Japan's greatest triumphs had been in the humanities of war,[1] and instanced the fact that she had reduced the usual mortality from preventable causes over eighty per cent. The wonderful capacity of the Japanese nurses made it unnecessary for the nation to apply for nursing help elsewhere, and the nursing relief party that was called together and offered to the government by Dr. Anita Newcomb McGee may easily have been rather more of an embarrassment than help to the heavily burdened nation. The report of the Japanese Red Cross Society on the Russo-Japanese war, presented to the Eighth International Congress of Red Cross Societies gives a most tactful account of this expedition, saying:

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[1] *Red Cross Bulletin*, No. 2, 1908, p. 73.

> Mrs. Anita Newcomb McGee, M.D., of Washington, having made an offer to our government to come to Japan with 600 female nurses and assist in the relief of the sick and wounded soldiers, our government consulted the Red Cross Society about the matter, and decided to accept her offer provided she would agree to come with only a few nurses.

Although in the progress of this party there was something that seemed more congruous with triumphal processions than with the unassuming work of nursing, yet there were excellent nurses and admirable women in its rank and file, and, animated by a sincere desire to be helpful, they did some good work, and friendships were formed that have had a distinct part in bringing the nurses of the two countries closer together.

Perhaps the Japanese nurse who knows America best is Miss Choko Suwo. After the war, she came here with friends and took several post-graduate courses, one at the Woman's Hospital in New York under Miss Gladwin (who had been with the expedition to Japan, and who was conspicuously successful in making the course valuable, thus attracting ex-

Take Hagiwara

Red Cross Superintending Sister and Hon. Vice-President, International Council of Nurses

Choko Suwo

The first Japanese Nurse to undertake District Nursing

ceptional women from all over the world), and afterwards at the Nurses' Settlement on Henry Street.

Miss Suwo intended to organise visiting nursing and perhaps settlement work on her return to Japan, though realising well the difficulties in introducing such innovations. After her first year's effort she wrote:

> It is very hard to help very, very poor people in such a way. They cannot understand the meaning of it, so they do not trust themselves to me. We must teach the mothers first. They are understanding more day by day, so I can do better in the near future. I understood that everything is very hard in the beginning. I need a great deal of patience in the work. I hope this year will bring success to this good work.

Miss Nightingale is greatly revered in Japan. Nurses are taught her life, and Red Cross Sisters held a solemn memorial service when she died.

China. In China, as in India, the missions cut the first path in hospital work, and the first trained nurses in China were brought there under the auspices of missionaries. The earliest reminiscences we have found are those of Sister Ethel Halley, an Australian nurse who, writing in *Una* in October, 1910, described her experiences when, in 1890 or '91, she went, full of hope and energy, to her life-work in the Shantung Road Hospital in Shanghai. Nursing, she said, was unknown, and she spent fifteen years at work in China before she had any nurses. The training of young Chinese women is, therefore, of recent date. Sister Ethel Halley's recollections, besides including many humourous aspects of hospital life, ran to the social conditions of her patients as well—to the cruel exploitation of little five-year-old children as factory hands at night work, and to the bitter lives of the little slave girls who, painted and dressed, had to earn their living as prostitutes.

St. Luke's Hospital, at Shanghai, which celebrated its fortieth year of service in 1906, was one of the first to train pupils. The London Mission, Peking, had a class studying nursing and dispensing under a woman physician, Dr. Saville, about 1895, and, in 1905, this work grew into a training school for nurses by the co-operation of the Presbyterian and Methodist missions with Dr. Saville for this special purpose. The school is now growing and prospering. The training covers three years.

One of the most attractive and interesting of mission hospitals is the Margaret Williamson, in Shanghai, under the management of the Women's Union Missionary Society. It was opened in 1886.

The Elizabeth Bunn Memorial Hospital at Wuchang owed much of its enlarged service to the enterprising spirit of Dr. Glanton (a woman), and a nurse, Miss Susan B. Higgins, a graduate of Blockley, Philadelphia, who quietly made up their minds to move into a distant part of the city and work up a dispensary service. They had a house selected and everything arranged before making their intentions known. Others were fearful for their safety; even the bishop was afraid for them, but they went, and the success of their venture was immediate and permanent. They built up a large dispensary practice, brought in many bed patients to the hospital, and now a training school has grown up. Looking forward to this, Miss Emma H. Higgins wrote in 1907, with hopeful anticipation:

> Two years have been spent in studying Chinese, preparing to teach the pupil nurses in their own language. Our school will not be open before Christmas. . . . The Wesleyan Mission has a very good training school and their experience has been most encouraging. Their nurses are much liked by the doctors and foreigners for whom they nurse; they are gentle, capable, and exact, making very good private nurses. All they need is some one to train them thoroughly. The Chinese young women are just beginning to appreciate the opening which gives them independence . . . it is an intensely interesting field and a work that will go on long after we are dead, along with the schools of Western medicine which are opening, . . . we want those who can teach others to nurse, so that the Chinese nurses will be started right, ready for the time when they decide to depend on themselves instead of on the foreigner.[1]

In 1908, a Chinese nurse, trained at the Wesleyan Hospital, came as assistant superintendent to the Elizabeth Bunn Memorial. She was very efficient, and capable of teaching the practical work. In 1909, another graduate, Miss Chiang, was made head nurse. Miss Higgins considers that her pupils make good nurses; they are, she says, gentle, quick, quiet, and observant, and not afraid of work.

In Canton, in the David Gregg Hospital for Women there were in 1909 eleven Chinese girls in training, while four had graduated. They were all capable and satisfactory. In this hospital, and perhaps in others, a text-book used included the translation into Chinese of parts of Isabel Hampton's *Nursing: Its Principles and Practice.*[1]

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[1] Letter from China, *A. J. N.*, December, 1907.

The Central China Medical Missions Association has pupils under regular training in several places. Their grade of education is above the mere ability to read and write, and they are beginning to understand why the so-called "menial" duties are important, and to feel the nurse's pride in her work.

In 1908, we find Dr. J. C. McCracken, of the University of Pennsylvania, in Canton organising a hospital. Desiring a nurse to grow up with the hospital and develop there a school to train native women, Dr. A. H. Woods described the type of nurse needed in words that show how far above the average must be leaders in foreign countries, if they would succeed:

> Just a commonplace nurse would not make a success out here at the present juncture. So far as I know, no one has yet undertaken in China just the kind of work that we desire the nurse to do . . . The woman to do this work should be mature, with proper poise, so unquestionably a lady that low men-patients would be unable to say vulgar things in her presence. She must be not only a good nurse, but able to train others, to organise the work for us and keept it going. . . . If, to other qualifications, she could add the virtue of widowhood or celibacy, it would leave us with a freer outlook. . . . We doctors will keep in close relationship with the head of the nursing department. We will all

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[1] *Chinese Manual of Nursing*, compiled by the Central China Branch of China Medical Missions Association, Shanghai, 1905.

Chinese Pupil Nurses

By Courtesy of the *American Journal of Nursing*

be together and so should be socially congenial. There will be no such thing as friction, if all recognise that as specialists each has his own responsibility. The nurse has the nurse's special work, which is as dignified as that of an architect employed to erect a building. We would not look for servile obedience, but we must, of course, have the ordinary co-operation such as would exist in a good hospital.[1]

The indescribable need of the Chinese poor, especially the women and children, and their winning personalities, inspire the mission nurses with the fullest devotion of which their characters are capable. "I thank God I was called to China," said Miss C. F. Tippet, of the Wilson Memorial Hospital at Ping-yang Fu, when, in London, she addressed an audience to tell of her work, and of "the women with their poor, bound feet, often literally rotten; the blind, made to see, and the lame to walk: If I had twenty lives they should all be spent there." And one martyr the nursing community has given to China. Among the five American missionaries massacred at Lien Chow, one was Dr. Eleanor Chesnut, who, before taking her medical course, had graduated in the class of 1891 from the Illinois training school for nurses in Chicago. At the time of her death, Dr. Chesnut had a hospital for women and children at Lien Chow, and a dispensary ten miles distant. She had a class of Chinese women whom she was instructing in nursing, another to whom she was teaching medicine, and blind pupils to whom she taught massage. She had become an expert scholar in Chinese, and was making the translation of Isabel Hampton's *Nursing*, which her death interrupted. Her medical work was tremendous, and with it all she had collected a "family" of helpless dependents whom she supported. She loved the Chinese, and often said she would gladly give her life for China. In return she was dearly loved by her pupils and patients.[1]

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[1] *A. J. N.*, May, 1908, p. 607.

The foreign nurses in China have organised under the name, "The Nurses' Association of China," and their proceedings are reported in the Nurses' Department of the *China Medical Journal*. Their constitution declares one of its purposes to be "to raise the standard of hospital training in China by the adoption of a uniform course of study and examination for the Chinese"; and to this end a registration committee examines into the intellectual training, moral standard, and hospital discipline of all hospital institutions under missionary, government, or private control, which may desire to register under the committee. Three members of this committee of seven are Chinese nurses, and the general membership includes all qualified Chinese nurses who hold certificates from schools registered as being of approved standards. Local branches are to be formed as steadily as possible, and the association recommends to all hospitals that they adopt a course of study and examination approved by the Medical Missionary Association of China and Corea.

Representations were made in 1908 to the Central China Medical Association Board, emphasising the need of a unified, thorough training to elevate the standard of nursing in China, and this board agreed to conduct periodical examinations and give certificates. In 1910, the first ceremonious presentation of certificates thus gained was made to nurses from different parts of the Yangtse Valley.[1]

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[1] *Bulletin, Illinois Training School Alumnæ Association*, November, 1905. Article, "Eleanor Chesnut, M.D.," by Katharine De Witt.

The rules require a three years' training with theoretical and practical instruction, and now, since central examinations are in force, membership in the nurses' association means that Chinese nurses have taken this examination. Of this successful piece of constructive work the leaders wrote:

> The venture has been a great success, and already there is the spirit of advance manifested. The nurses are showing more zest in their studies, and the feeling of competition impels them to put forth their energies in a way they have never done before. This impetus is needed more than ever, and it is still difficult to get intelligent educated nurses. This is more particularly so amongst the girls, as the feeling that nursing is no more than an amah's or p'op'o's work, has not yet died away.
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> These examinations and public presentation of certificates are also helpful in stimulating the idea of unity between the hospitals, making nurses realise that they are not doing isolated work, but are growing into a great brotherhood and sisterhood in all parts of the Empire for the relief of suffering and the extension of the Kingdom of God.[2]

The leaders in Chinese nursing organisation are Mrs. Caroline Maddock Hart, first president of the

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[1] Nurses' Department, *China Medical Journal*, January, 1911.

[2] *Ibid.*

Nurses' Association; Miss Mary C. Ogden, of Anking, her successor in office; Miss Nora Booth, of Hankow; Miss Maud T. Henderson, from the Boston City Hospital, at work in Shanghai in the Refuge for Chinese Slave Children, whose terrible stories had originally led her from America to China; Sister Ethel Halley, Miss Margaret Murdock, of Hwaiyuan, and many others whose share in upbuilding cannot yet be fitly heralded. On the registration committee of 1911 stands Mrs. Ts'en, the first Chinese nurse to hold such office.

Surpassing all other efforts in interest are those projects for medical and nursing schools in connection with hospital work which have been planned out and set on foot as national undertakings by the Chinese government itself. In this work, Dr. Yamei Kin, a woman, whose medical education was obtained in the United States, stands prominently forward, but, because of the immense revolutionary movement so recently at an acute stage, the triumphant success of constitutional principles, the (partial at least,) enfranchisement of Chinese women, and the resultant intense activity and absorption in home affairs, the full story of this large plan, which had been promised by Dr. Kin, must be postponed for some later historian. In the Tientsin Hospital, where Dr. Kin directs the Woman's Medical Department of the Chinese Government in North China, there is already a flourishing training school of forty-odd pupils, whose nursing superintendent is Miss Chung, trained at Guy's, in London.[1] Early in 1911, Dr. Kin brought to the Unites States a young Chinese woman, who, after a college course, is to be trained at the Johns Hopkins school for nurses and return to China to continue the development of the service entrusted to Dr. Kin. We therefore leave China on the threshold of momentous changes.

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[1] See *Chinese Students' Monthly* for March, 1911, p. 479.

Corea.—Corea, too, has nursing progress to show. The names of nursing pioneers who blazed a path there include that of Anna P. Jacobson, whose life ended after a year and a half of service. She was a Norwegian, trained in the United States in the Portland Hospital, Maine, and her character and labours made a deep impression on all who knew her. She went to Corea in 1895. In 1897, Esther L. Shields, of the Philadelphia training school, was in Corea, learning the language and making the beginnings of teaching natives. Her work later flowered fully when the Severance Hospital opened its well-organised training school for Corean women, with a good three years' course, in 1906, Miss Margaret J. Edmunds, from the Ann Arbor University Hospital (U. S. A.), in charge, full of enthusiasm and faith in the future of her work. "The Corean women have proven their ability to become throughly good nurses," she wrote. Miss Kimber's *Anatomy and Physiology*, Miss Maxwell's and Miss Pope's *Text-book on Nursing*, and parts of Mrs. Robb's books have been translated into Corean. A Severance Hospital nurses' association has been formed, and a nursing journal for Corean nurses is talked of as the next professional need. The work at Severance is under the American Presbyterian Board of Missions.

It would take a volume to record adequately the growth of nursing in far places: In Aintab, Turkey-in-Asia, the Memorial Hospital named for Dr. Smith opened a regular training class for native women in 1909–10, with Miss Alice Bewer, Philadelphia Hospital, in charge, and Miss Charlotte F. Grant, of the Boston City, in the operating room. Four pupils were enrolled, and a course of study arranged from Miss Bewer's note-books and translations from Hampton's *Nursing* and *Nursing Ethics*. The head nurse wrote: "On the whole, the work of the nurses has been most satisfactory and encouraging. Our hope for the future is to have properly educated girls come to take the course, but we must first have a proper place to house them, and equipment to make coming here attractive."[1]

In 1908, the missionary nurses working in Turkey were voted in as full members of the first conference of the Medical Missions Association of that country, and Miss North, stationed in Cesarea, reported excellent work in the training of native women. An association of nurses in Turkey was then first suggested.

In Syria, a wide influence has been exerted by Miss Edla Wortabet, an English nurse, who wrote a nursing text-book in Syrian. The training school of the Protestant College, at Beirut, graduated its pioneer class of three in 1908, with thirteen pupils entered and a waiting list of as many more. The head nurse, Miss Jane E. Van Zandt, of the New York Post-Graduate, wrote that the educational standard for nurses was very good and the outlook most hopeful.[2]

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[1] *Bulletin, Central Turkey College*, December, 1910.

[2] *A. J. N.*, January, 1909, p. 274.

Esther Shields and her First Class of Corean Nurses

In Greece, English nurses have shown a model of hospital work, and Greek maidens have crossed the seas for training to carry back for the service of their country. The first so to come to America was Kleonike Klonare, in 1900, to the Massachusetts General, and in 1904 came three Greek girls under the protection of one of the royal family. Two followed Miss Klonare to her alma mater and the third went to the Baptist Hospital in Boston.

In Persia, amidst all sorts of difficulties, Miss H. D. McKim, of the Toronto General, worked loyally from 1903, and so in every corner of the earth the nurse's cap and pin may be found.

CHAPTER VI

SOME ISLAND HOSPITALS AND NURSES

Collaborators: M. EUGÉNIE HIBBARD, CUBA; MABEL McCALMONT, THE PHILIPPINES.

Cuba.—At the conclusion of the war with Spain in 1908, the Sisters of the religious nursing orders in Cuba were withdrawn by their Motherhouses, and the officers of the United States army faced the difficulty of equipping the hospitals with an efficient nursing staff.

One of the greatest problems presented to the government of the United States at the beginning of the occupation of the Island of Cuba by the American forces was how to deal with the appalling condition of her hospitals. A visit to some of these places would remind one of the Dark Ages. They were dens of immorality and uncleanliness in every form. Their unsanitary condition was responsible for much of the sickness in the cities and surrounding country. No precautions were taken to prevent the spread of disease. In many instances, where expensive apparatus for the disinfection of clothing had been provided, it had never been used. Dirty water from the baths and laundries was often disposed of by being turned into the street. In some places, clothes were washed in the rivers without previous disinfection, to breed disease wherever the river water was used. Those employed in the care of the sick were of the lowest type of humanity. The very name *enfermero*, attendant on the sick, was a term of degradation.[1]

So wrote one of the well-known and active members of the nursing profession in the United States, who had gone to Cuba in the army service.

The nursing service of the Sisters in the hospitals had been of a religious rather than a professional nature. Though under the supervision of the medical director, they were directly influenced by the Church, and owing to their vows were unable to perform effectively the duties of nursing. In domestic management their work was perfectly done. Evidence sufficient to convince the most sceptical could be found in the arrangement of linen-rooms, closets, storerooms, pharmacies, and kitchens, in the care of the linen used in the chapels, and the various aprons, gowns, etc., used by physicians and others. The pillow and sheet shams which decorated the patients' beds on saints' days were beautifully embroidered and lace trimmed. No doubt great pride was taken in this department, but in actual nursing the Sisters' duties consisted principally in distributing wine and soup to the very sick ones, and praying beside the dying.[2]

By the voluntary withdrawal of the Sisters and their return to Spain [said Mrs. Quintard], the field was left clear for the introduction of American methods, and the men to whom this work was entrusted, recognising the herculean nature of the task before them in reorganising the hospitals, and realising their helplessness to accomplish it single-handed, turned to the nursing profession for assistance, and met with a hearty response. Good women answered the call and went to work with a will, working early and late to co-operate in every way with the heads of the departments.[1]

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[1] "Nursing in Cuba," by Lucy Quintard, in *Transactions, Third International Congress of Nurses*, Buffalo, 1901.

[2] "Cuba, a Sketch," by M. Eugénie Hibbard, *American Journal of Nursing*, August, 1904, p. 841.

Mrs. Quintard herself was one of the first to turn from the military nursing to reconstructive work. In the hospitals' crisis, Major L. J. Greble, head of the Department of Charities and Sanitation, secured her services and those of Miss Sarah S. Henry, and appointed them as special inspectors of hospitals to assist in the establishment of training schools for nurses in Cuba. They had both, at different times, previously held the important position of superintendent of the Connecticut training school, and Mrs. Quintard was one of its graduates. Before the war, she had been in charge of the training school of St. Luke's Hospital, New York. As special inspectors, these two women laid the foundations of Cuban training-school organisation, and during 1899 and 1900 many appointments for the new work were made among the army nurses or those coming direct from the United States for the purpose.

It was in a sense [said Miss Hibbard], much easier to rebuild on a comparatively vacant site, than it would have been to uproot and reorganise at the same time. So, regardless of the conditions that may have previously existed, the Americans could work unhampered by dictation or tradition, though the customs of the people entered largely into their calculations. Through ignoring these, it would have been an easy matter to antagonise and destroy the prospect for good work.

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[1] "Nursing in Cuba."

The majority of the hospitals were well located, well built, and with a certain beauty of their own. The Mercedes, in Havana, heads the list. In appearance it is a modern building, and comparatively new. It is constructed on the plan of an English hospital, but modified to suit the conditions of the country. The wards are built on the pavilion style, securing light and air on three sides. The interlying spaces are beautiful, cultivated gardens, containing the shrubs and flowers peculiar to the country. All of its departments are well equipped and, at the time of the military occupation in 1898–99, it was the only institution which could receive or care for American patients. Its medical director was Dr. Nuñez, a patriot, who had been deported by the Spanish government to the west coast of Africa, and had returned to Cuba after several years' absence. He readily co-operated with General Ludlow, General Brooke, and Major Furbush, all of whom were especially interested and instrumental in establishing a high order of things, and in August, 1899, the first training school was opened in this hospital, with seven pupils, under the direction of Miss Mary A. O'Donnell, a graduate of Bellevue, who had been working in the army service and whose contract with the United States was honourably annulled in order that she might assume her new position. Miss

O'Donnell thus holds the proud position of premier among American training-school heads in Cuba.[1]

An earlier attempt had been made which must not be overlooked. In January, 1899, Dr. Raimundo Menocal had opened a school for nurses in the Havana Sanitarium. It had twenty-two pupils, who were placed in the charge and under the instruction of Dr. Vidal Sotolongo. This school, however, only existed for five months, the sanitarium being closed in May. Dr. Menocal remained interested and was actively helpful in the work of establishing the permanent schools.

The public charities of Cuba were thoroughly reorganised in the early part of 1900, and Major E. St. John Greble became the first superintendent of the Department of Charities. It was placed under the general supervision of the Department of State and Government, and schools for nurses were opened in connection with the public hospitals in the following order: In 1900, in March, Hospital Civil, Cienfuegos, with Miss Jeanette Byers, of the Woman's Hospital in Philadelphia, as superintendent; in September, Hospital No. One, Havana, with Miss Gertrude W. Moore, of Bellevue, who, three months later, was transferred to a fresh field, being replaced by Miss Holmes; in October, Hospital Santa Isabel, Matanzas, with Miss Hibbard; in November, Hospital General, Puerto Principe, with Miss Mitchell, of St. Luke's, New York; in the same month, Hospital General, Remedios, with Miss Samson, from Belle-

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[1] During her stay in Cuba, Miss O'Donnell translated Mrs. Robb's *Text-book* into Spanish, and wrote notes of her own in the same language.

A Group of Cuban Nurses

vue; and in January, 1901, Hospital Civil, Santiago de Cuba, with Miss Moore, who had been transferred there from Havana. Each of these women had with her a staff of trained nurses, representing many of the schools scattered over the United States.

Seldom, if ever, has so complete a transformation taken place in hospitals in so short a time, and in such wholesale fashion. On the retirement of Major Greble from the position of superintendent of the Department of Charities, Major J. R. Kean received the appointment, and the subsequent success of the schools was due largely to his personal interest and keen appreciation of the actual requirements at this critical period of the schools' existence. Like all men who have been successful in furthering the establishment and maintenance of good nursing he was willing not only to be advised by nurses, but to accord them spheres of real responsibility, and to treat them as equals and co-workers. The results in Cuba have been so brilliant and so sound as well, that Major Kean and the women with whom he worked in harmony deserve a very special distinction among their fellows. No country has had a more carefully planned and wise design to develop and conserve a high standard of nursing education under the guardianship of the state, a standard which it has steadily upheld. In July, 1901, soon after taking office, Major Kean issued an order, reading as follows:

Office Superintendent, Department of Charities, Havana, Cuba, July 16, 1901. By authority of the Military Governor, a board will be convened to meet in the office of the Superintendent of Charities, Havana, Cuba, at twelve o'clock, July 22, 1901, or as soon thereafter as practicable, to draw up a system of regulations for the training schools for nurses in Cuba. They will also fix the course and duration of instruction, the requirements for admission, the standard to be required before graduation, and make recommendations with regard to salaries and allowances. The board will also recommend a suitable manual for use in the nurses' schools, and in the hospitals under state control. The board will be composed as follows:

Dr. Manuel Delfin, Vice-President of the Central Board of Charities, Havana; Dr. Emiliano Nuñez, Medico-Director of Mercedes Hospital, Havana; Dr. Enrique Diago, Medico-Director of Hospital No. One, Havana; Mrs. L. W. Quintard, Inspector, Department of Charities; Miss M. Eugénie Hibbard, Superintendent, School for Nurses, Matanzas. . . .

(*Signed*) J. R. Kean, Major and Surgeon, United States Army, Superintendent Department of Charities.

The meetings, several in number, were well attended, and by the end of August, 1901, a plan of general regulations was submitted for the approbation of the central board of charities. In October it was somewhat enlarged, made more comprehensive, modified in particulars, and again submitted. On January 3, 1902, the plan was approved in entirety by the military governor, General Wood.

The object of these schools shall be, first, to further the best interests of the nursing profession by establishing and maintaining a universal standard for instruction, and providing students with the proper means of education in the practical care of the sick; second, to secure for the student upon graduation a degree or title, which will

> be a protection in practising her profession, and be a recognised means of securing employment; third, to provide hospitals and institutions in the island with skilled service in the nursing department, and a proper number of graded assistants, thus conferring a benefit on the mass of suffering humanity.[1]

So ran the preamble, the work of Miss Hibbard, which introduces one of the most creditable pieces of work that has fallen to the lot of American nurses, for the two women on this board practically framed the working plan and details of the training-school organisation for Cuba, their expert knowledge being readily deferred to by the Cuban physicians. Major Kean wrote later: "The Cuban law to regulate the education and the practice of the profession of nursing was drawn up under my supervision, but is in the main Miss Hibbard's handiwork. . . . It is considered a very advanced and satisfactory law."

Miss Hibbard wrote:

> The aim and fixed intention of those interested in organising these schools was to put them at once on the highest attainable plane, giving the result of similar work in other countries as sufficient reason for establishing a standard that would at once command the respect of the people and the self-respect of the accepted student, defining emphatically the position for the nurse in a country until recently ignorant of her existence. To start with a high standard is a more effectual way of attaining success, than placidly to allow conditions to evolve.[2]

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[1] Included in Governor's report, dated January 3, 1902, p. 989.

[2] "Establishment of Schools for Nurses in Cuba," *American Journal of Nursing*, September, 1902, p. 989.

> These schools are all in a healthy, flourishing condition, [wrote Mrs. Quintard in 1901]; they have been established on a good, firm foundation, and if the present status can be maintained, and good American nurses kept at the head until their own women have sufficient experience, after their training, to occupy positions as superintendents and head nurses, there is no reason why Cuba should not, in a few years' time, be able to boast of a fine nursing service in her hospitals, as well as of a thoroughly trained corps of women to meet the demands of private patients.

This forecast has been realised. Under the provisions so wisely made, and as a result of the good standing given to the nurse, the schools were quickly filled with young Cuban women of refinement, whose families would never before have dreamed of considering for a moment letting their daughters go into the wards of public hospitals to perform duties which, it had always been believed, no one but a religious Sister could perform without loss of womanliness.

The regulations, which are well worth repeating in full, shall be summarised briefly. The schools were to be state institutions, attached to hospitals for mutual benefit, but under the direct control of the Department of Charities. They might be established in all cities of Cuba where there were public hospitals of over one hundred beds, after previous approval by the department and inscription in the school of medicine at Havana. Not less than twenty students should be taken into a school. A committee, of which one member must be a graduate nurse having held superintendent's post, was appointed to deal with affairs of a general character affecting the schools, while a superintendent of nurses with trained assistants was to direct the pupils' training under the medical director of the hospital.

The training course was to be three years, followed by the bestowal of a diploma by the faculty, which was to have the protection of the state. The practice of nursing without this diploma was forbidden. An eight-hour day was to be the rule, with twelve hours for night duty. Private nursing was forbidden for students, except for a three months' period during the final year if desired. Any fees received for such service were to be kept for a prize fund for nurses on their graduation, thus removing all mercenary motive for sending pupils out. The powers and duties of the superintendent of nurses were those usual in the best schools. Thus Cuba led the way in compulsory registration for nurses.

Had it not been for the faithful manner in which the Cuban Central Board of Charities and Hospitals has adhered to the letter and spirit of Order No. 3, 1902 [wrote a close observer in Cuba], the nursing profession in Cuba would have become demoralised long ago. There are a number of hospitals throughout the island maintained by fraternal societies of various kinds for the benefit of their members, and these institutions have tried to have their pupils take the university examinations, but have been refused on the ground that their certificates of instruction and training are not from schools recognised by the National University. Sisters of religious orders have likewise been refused on the same ground. The word *enfermero*, nurse, may not be used except by a graduate of the recognised schools, nor may institutions apply this title to other women. The graduate nurse is entitled to the protection of the courts. The non-graduates are not recognised.

There is a roll of honour of the men in power who have consistently kept the standard of nursing to its original level: they are Dr. Emiliano Nuñez, director of the Mercedes Hospital; Dr. J. M. Plá, second director of charities and hospitals; Dr. Carlos Finlay and Dr. Emilio Martinez, members of the Central Board of Charities; and Dr. M. Delfin, first director of charities and hospitals. With vigilant care and professional pride, they have kept close watch to prevent any signs of deterioration.

The American nurses gave admirable service in the reformation of the Cuban hospitals. It was their first piece of work on a large scale outside their own country, and many made brilliant records. The whole number who took part in the achievement reached close to seventy-five. On the 31st of December, 1901, the lists in the official reports showed thirty-seven American nurses staffing the hospitals as head nurses or superintendents of schools. Many of them are now members of the order of Spanish-American War Nurses, by virtue of selection, appointment, and duty performed as contract nurses in the United States Army, previous to December, 1908. Among these were Rose Abel, Minnie Cooke, Wilhelmina Giesman, Frances McCurdy, Mariette Meech, Anna O'Donnell, Mary O'Donnell, Olive Pendill, Genevieve Russell, Anna Turner, Rosa Tweed (now dead), Hannah Waddell, Mary McCloud, M. Eugénie Hibbard, and Annie O'Brien. The last named is still (1910) in charge of Las Animas contagious hospital, a position that she has held for nearly ten years.

Training schools all over the country were represented in this list, which we cannot attempt to repeat in full: Blockley and Bellevue, St. Mary's of Brooklyn, Grace of Detroit, Charity of New Orleans, and the Pennsylvania. Miss Pearson came from the Massachusetts General; Miss Meech from the Illinois training school, and Miss Pendill from St. Luke's, Chicago. St. Luke's of New York furnished two superintendents, Miss Mitchell and Miss Robertson.

As the schools became securely established, and the commencement exercises saw increasing numbers of young Cuban women entering the nurse's career, the Americans began to think of going home. The American occupation was passing, and United States officials were leaving the island. The nurses, it is said, were among those who were most welcome to stay to the last, even though, at first, their rigid standards of order and cleanliness had been more or less resented by the patients, who were sometimes heard to mutter "Cuba Libre" when they were under the hands of the women in blue and white.

Promotion time for the young Cuban nurses came in 1909, when six of them were placed at the heads of training schools. The first appointed was Senorita Rosa Sieglie, to the Santa Isabel, Matanzas, a post that she held for six years. Martina Guevara went to the Mercedes, in Havana; Trinidad Cantero, to Hospital No. One; Rosa Gallardo, to Cienfuegos; Victoria Bru, to Camaguey; and Hortensia Perez to Santiago de Cuba.

Preventive social work now received the attention of the Cuban patriots and war heroes, and Miss Hibbard was selected to organise a corps of visiting sanitary nurses which should constitute a special service under the Department of Health. The members of this corps included three of the retiring American superintendents, Miss M. A. O'Donnell, who had a record of nine and a half years' continuous service; Miss M. Jeanette Byers, who had served six years as a superintendent and had been in Cuba for eight or nine years in all; Miss Mary E. Pearson, who had a similar record, and three Cuban nurses, Senoritas Adelada Jimanez, Rosa Luisa Ortiz, and Emma Deulofeu.

Miss Hibbard's nursing career merits more than passing mention. Half Canadian and half American, she was trained in the historic school of St. Catharine's, and had made a reputation in hospital and training-school administration when the war with Spain broke out. Her vacation was spent in the typhoid camps, and an eventful war service followed. This was concluded by her voyage to South Africa as Superintending Sister in charge of the hospital ship *Maine*. She was called to Cuba in 1900, and after two years there, was appointed by the Isthmian Canal Commission as chief nurse in the Ancon Hospital, Panama. Of the two and a half years spent there, she said: "There was, I realised, a stupendous piece of work before us, and so it proved to be: most difficult at the time; now the most satisfactory piece of organising work I have done." (Two Bellevue nurses, Miss Markham and Miss McGowan, accompanied her to the isthmus.) Recalled to Cuba

M. Eugénie Hibbard

A Leader in Cuban Nursing

in 1908 as inspector-general of nurses, and, in 1909, entrusted with the responsible duty of developing instructive visiting nursing for the republic, she has been identified in a very special way with the growth of Cuban nursing.

In the new work, she and her staff came into close relations with the secretary of the department, Dr. Matias Y. Perdone Duque, man of science, revolutionist, and altruist. He had served in the war under General Gomez, and afterwards rose by a series of promotions to be the first Secretary of Health and Charities, a cabinet office, newly created, than which there is no more important position in Cuba, as her relations with the United States bind her to maintain a satisfactory sanitary condition throughout the republic.

Among the many innovations of the new department was an active anti-tuberculosis campaign, inaugurated by Dr. Duque, for the success of which the hospitalisation of the tuberculous was regarded as being of first importance in the suppression of the disease. A corps of medical inspectors, with the nursing staff, was organised to investigate the living conditions of tuberculous patients, and Dr. Duque was hopeful of relieving the helplessness and misery of the poor in their homes by improvements in housing conditions, and the enforcement of preventive measures making for the suppression of transmissible diseases. A service of medical school inspection was also established. The training schools for nurses received special attention from Dr. Duque, that they might continually advance and maintain the highest possible standards. To promote educational progress, the creation of post-graduate courses on special subjects was undertaken.

How striking the contrast between the old and the new régime, and how remarkable the results gained in one decade of teaching young and impressionable women the possibilities of public duty and social usefulness under freedom, was brilliantly demonstrated when two Cuban nurses appeared at the London Congress in 1909, to report on their country. This happy event was brought about by the kind offices of Miss Hibbard, and the liberal attitude of Dr. Duque toward the nurses and their work. It was his desire to have the Cuban delegates sent officially by the government, but, the non-official nature of the congress making this impossible, they were sent as delegates from the Department of Health and Charities. The nurses chosen were Miss Marguerite Nuñez and Miss Mercedes Monteagudo. With them came Miss Hibbard. They brought the kindest letters from Dr. Duque, whose interest in high standards of education, and desire that the young nurses should enter the international group, were fully appreciated. Miss Nuñez brought with her a paper describing the schools for nurses, as here imperfectly outlined, and added the plan for extending modern methods to the care of the insane, saying:

> Our nurses receive experience in all branches of nursing. In the insane asylum, in our National Manicocomium, there exists a school for *special* nurses; but the specialty does not consist in more advanced studies, but in dedication to that branch of medicine, without acquiring, however, other knowledge than that necessary to take care

of the poor lunatic. This is, of course, a defective organisation, and the nurses who graduate from this school have not acquired a general knowledge of nursing. At present the Secretary of Health and Charities is giving the school a more scientific and practical organisation. He now intends that only graduate nurses shall take this special course, and shall receive a diploma qualifying them to care for mental cases, provided, of course, that they pass the examinations. Our Manicocomium is situated some nine miles from Havana, on a large estate, and the asylum has accommodation for 2500 patients, which is an evil, because the unfortunate insane cannot be sufficiently well attended, especially from the medical point of view.

The school for nurses annexed to this asylum will now open with ten undergraduate and eighteen post-graduate students, and eighteen young ladies more, who will acquire the knowledge sufficient for the mechanical care, if I may be permitted the expression, of the insane. After next August, it will be in charge of Miss Walker, of the United States, who, until a year ago, was the directress of the school in Hospital No. One in Havana and from whom I expect the best results, in view of her fitness, her energetic character, and her intense fondness for work. The government of Cuba, on the advice of the present Secretary of Health and Charities, has sought in the city of London two young ladies with expert knowledge of mental diseases, in order to appoint them professors of our school. . . . My colleagues, as well as myself, entertain very great veneration for our teachers, and I should especially mention Miss O'Donnell, who was my teacher, and more, my good and kind friend and counsellor, who with her advice gave me strength to face the sad scenes of the hospitals at the beginning of my professional studies. To this noble woman I am indebted for what little I am, and if I have not achieved, the fault is not hers, but my own insufficiency. . . . I do not claim that the schools for nurses in Cuba are organised in a perfect manner. There are certain shortcomings which the Director of Charities, Dr. J. M. Pla, intends to correct, in order that the schools may be complete, and with respect to these reforms much depends on my observations and studies here. . . .

As mentioned by Miss Nuñez, two English nurses, specially trained in the care of the insane, were invited to Cuba, but with the regretted resignation of Dr. Duque (for political reasons), in October, 1909, the arrangement of work at Mazorra had gone backward. His successor returned to the old methods, and the English nurses, whose work had been excellent, went home.

The state hospitals of Cuba now employ ninety odd nurses in permanent positions. They are distributed among the institutions receiving state appropriations, of which there are twenty-three aside from the training schools, the latter being classed by themselves. The republic yearly sets aside an appropriation sufficient to educate one hundred and eighty probationers, and, since 1902, one hundred and ninety-six nurses have received the state diploma. It seems probable that Cuba will not be overstocked with nurses; nearly twenty per cent. marry, and marry well. Signorita Marie Sieglie became the wife of Dr. Finlay, son of Dr. Carlos K. Finlay, who was the first to suggest the possibility of the transmission of yellow fever by mosquitoes, and who received for this service the decoration of the Legion of Honour from France.

If we should now, in 1910, follow up the first set of Cuban graduates of training schools for nurses, we should find Manuela Barreras, Rosa Gallardo, Martina Guevara, Mercedes Monteagudo, and Rosa Sieglie holding superintendents' positions; Trinidad Cantero studying medicine, Marguerite Nuñez inspector-general of training schools, Aurelia Perez occupying a post in the hospital division of the women's department in the prison of Havana, Caridad Tuduries night superintendent in a large hospital, twenty-two others in head-nurse positions, one in private duty, and three at home. Two have died, and twenty-three have married. The Cuban nurses have also had their first emergency service in a national disaster. A letter, describing this, said:

> We had a very serious explosion of dynamite at Pinar del Rio, about six hours' ride from Havana. The news immediately telegraphed to the President, reached him at six o'clock, an hour after the accident. Relief was organised at once. The President sent the Secretary of Government with assistants to keep order, the Secretary of Public Works with a staff to remove the living and dead from the wrecked buildings, and the Secretary of Health with eighteen nurses and ten physicians to assist in the care of the wounded. All left Havana on a special train, leaving at 7.30. The nurses, under Senorita Margarita Nuñez and Senorita Martina, the superintendent of Mercedes Hospital, are doing excellent work, and have been on duty since the accident happened. This is the first time the Cuban nurses have been depended upon to help in time of national disaster, and I do feel so proud of them. All I hear so far is praise of their work, and appreciation of the spirit they have shown. The nurses

went by government order, as they could be mobilised much more quickly than under the Red Cross.[1]

The Governor of Pinar del Rio afterwards sent a silver commemorative medal to each of the nurses.

The first Cuban pioneer to other countries has also gone forth in the person of Senorita Maria Luisa Aguirre, who has replied to a call from Panama to become assistant superintendent in Santo Tomas Hospital. Dazzling visions of future opportunities opening before the nurses of Cuba in transforming the hospital situation throughout the whole of the South American continent rise before the eyes, as one contemplates the annual group of alumnæ sent forth from the Cuban hospitals. By their birth and language, their knowledge of the customs and habits of tropical countries, their experience of what sanitation has done in their own land, and their triumphant success in demonstrating the ability of the daughters of the south to take command, they are clearly the ones in line for this oncoming immense piece of upbuilding. There can be no doubt that, in a few years more, advance guards of Cuban nursing battalions will begin penetrating these as yet non-nursed countries, carrying into them a practical application of the principles of prevention of needless disease and misery. And may it not be possible that the Spanish nursing field is also waiting for the Cuban nurses?

The National Association of Nurses of the Republic of Cuba was established March 29, 1909, and within one year numbered three hundred members. Its first honorary member was Senora America Arias de

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[1] Letter from Miss Hibbard, May 23, 1910.

Isabel McIsaac

Formerly Superintendent of the Illinois Training School and then Interstate Secretary; Head, Army Nurse Corps

Gomez, wife of the President of the Republic. Rightly directed, their association will be the most powerful organ that the nurses can have for maintaining their professional and ethical standards.

Porto Rico.—Porto Rico has also a record of good work done. There are two excellent training schools in the island, one in the Presbyterian Hospital which is under mission auspices, and the larger insular school connected with the Municipal Hospital. The latter was founded and placed on a firm basis by Miss Amy E. Pope, from the New York Presbyterian. She had there, as assistant, a young Porto Rican, Senorita Pilar Cabrera, who had been trained in Baltimore at the Mercy, then the Baltimore City, Hospital.

When Miss Pope returned to the United States, Miss Cabrera was made superintendent of the school, and amidst her other work translated into Spanish the text-book which had been written by Miss Maxwell and Miss Pope together, and which spoke the latest word in scientific nursing. Miss Cabrera also trained a class of ten Sisters of Charity besides her group of lay pupils, who number about twelve in a class. She feels deeply gratified with their earnestness and capability, and is hopeful for the future of nursing in her native land.

The Philippines.—Nursing in the Philippines has a history on which we may look back with satisfaction, for, while carried on almost entirely by Americans in the early days of the occupation, its speedy adoption into the life and education of the Filipinos themselves and its wonderfully rapid development have probably not been surpassed elsewhere.

There were about one hundred and twenty-five, in all, of American nurses who, in the army service or under the Red Cross, came to the islands during or soon after the war with Spain. Interesting as their story would be, their work was not especially significant in relation to the development of the nursing profession, for, as soon as their immediate duty was fulfilled, most of them left the islands. Some few Red Cross nurses joined the army service, but with the adoption of civil government the army nurse corps has been gradually reduced. The work of the army and navy nurse will always be localised and devoted practically to Americans; the real nursing of the Philippine Islands—the work that will reach the people—will be dependent upon, and represented by, the nurses employed by the civil government, those of private institutions, and lastly, but most important, by the native trained nurses themselves.

The Bureau of Health, in charge of all civil government hospitals in the Philippines, with their accompanying nursing force, directs and operates the Civil (now the Philippine General), Bilibid, and San Lazaro, all of Manila; the Baguio at the summer capital, the Tuberculosis at the San Juan tuberculosis camp, and the Culion Leper Hospital. It is also responsible for the medical and sanitary inspection of the islands, besides aiding many private hospitals and charitable organisations.

The Civil Hospital of Manila was originally founded for the purpose of furnishing free treatment to all insular government employees, besides doing private and emergency work. It has now been merged into the beautiful and commodious Philippine General, doing the work of any large city hospital, and open to all nationalities. The San Lazaro takes care of cholera, small-pox, and other communicable diseases, with special departments, in charge of native helpers, for leprosy, insanity, victims of drug habits, etc. The Bilibid is connected with Bilibid prison, and is a very complete new hospital with a capacity of four hundred beds, the work carried on at present by native attendants under direction of an American nurse. Pupil-nurses will soon be placed there for training. The Baguio is intended for sick and convalescent insular government employees, as well as for the Igorots, a semi-civilised tribe, in the heart of whose country Baguio is situated. The Igorots are a bright, friendly, tractable people, and each day the dispensary at Baguio treats and cares for a large number of them. New hospitals have been planned for Cebu, the second largest city in the Philippines; at Bontoc, especially for the mountain tribes; at Sibul Springs, and in several other sections. All new hospitals erected in the Philippines, with a few minor exceptions, are of reinforced concrete,—fire-proof, earthquake- and storm-proof; with equipment of the most modern character, and with nursing performed almost entirely by the Philippine training school for nurses under the supervision of American nurses.

The Culion Leper Colony is the largest in the world. There are at present about 2200 lepers there, and but a few more segregated and awaiting entrance. The completion of the segregation of the lepers of the

Philippines marks an epoch in the health history of the islands. At the colony there is a large modern hospital, recently completed, with a capacity of sixty beds. Lepers are, of course, subject to every other disease, and the hospital treats beriberi, small-pox, dysentery, and other tropical diseases, in addition to the extreme cases of leprosy. The work is carried on by two American physicians and six French Sisters of Mercy. There have been applications for a number of American and English nurses desirous of doing this work, but thus far it has not been considered advisable or desirable to take the work out of the hands of the Sisters, who are very happy and contented there. Their sweet cheerfulness means not only a very great deal to the unfortunate lepers, but is a lasting inspiration to every thoughtful person visiting Culion. The work does not mean life-long isolation, as many suppose. The non-leprous employees, priests, and Sisters, with proper disinfecting precautions, go and come from Manila as often as they have the opportunity. It is a great field for missionary work, the children of the colony being dependent upon the busy Sisters for their schooling, moral training, etc.

In addition to the foregoing work, three great health campaigns have been started by the Director of Health. One is for the reduction of infant mortality; another, a great hook-worm campaign; and the third, against the omnipresent tuberculosis, a scourge that has attained the same appalling stature in the Philippines as in other countries. Towards the reduction of infant mortality, creditable work has been begun, chiefly by Filipino doctors and philanthropists,

French Sisters of the Leper Colony in Manila

By courtesy of the *American Journal of Nursing*

but it is a work wherein American nurses must eventually figure, in the way of supervision at least, and where graduate Filipino nurses will soon be of inestimable value. With an infant mortality of forty-four per cent. (of total number of deaths), there is an immense field right here for visiting nurses' settlements.

Investigation has shown the impaired health and weakened condition of the Filipino people (who are not a strong or enduring race) to be largely due to the prevalence not only of tuberculosis, but of the hook-worm disease, which seems to have no equal in its capacity to enervate and undermine the system. Nurses have thus far not entered this work, but it is believed that the graduate male nurses will soon play an important rôle in this and similar fields, as their training has been planned particularly to fit them for the general health work of the islands. The third campaign was begun by the organisation of a society for the prevention of tuberculosis, and received its great impetus during the official visit of the Secretary of War in 1910. To be successful it must be an educational one, and must be carried on by the schools as well as by the Bureau of Health. Education concerning the prevention of disease has been made a particular feature of the new curriculum of study planned for the Philippine training school for nurses.

The rest of the nursing work done in Manila is accomplished by the University Hospital, St. Paul's, the Mary Johnson Memorial, San Juan de Dios, and Sampaloc's. The University is an Episcopal hospital of about thirty beds, with a force of

American nurses and a training school of Filipino pupils. Two settlement workers are also maintained here—young, enthusiastic women who are doing splendid work with an orphanage, the establishment of a most successful women's exchange, neighbourhood visiting, children's classes, etc. St. Paul's is a large Catholic institution of about two hundred beds, conducted by French Sisters of the order of St. Paul de Chartres. Here, for a couple of years, a training school of twenty pupil-nurses has been under the direction of two American nurses. The nurses in charge, however, have recently been dispensed with, and the wisdom of this policy, so far as the pupil-nurse is concerned, is yet to be demonstrated. These French Sisters also conduct the Sampaloc Hospital, an institution of sixty beds, supported by, and maintained exclusively for, the prostitutes of Manila. The Mary Johnson is a small mission hospital of the Methodist Episcopal Church. A successful training school is being conducted here, and much excellent work done, particularly along the lines of maternity work and infant hygiene. San Juan de Dios is a Spanish institution conducted by Catholic Sisters for the benefit of orphans, the feeble-minded, the insane, and paupers.

The Philippine General was established in October, 1902, with Miss Julia Betts, a former Red Cross and ex-army nurse in charge, and two attendants for assistants. The capacity, then about forty beds, rapidly increased to eighty, with eighteen nurses, and ten or twelve male attendants. An old Spanish house with several others on the same property had been utilised. Lack of plumbing and other facilities made the establishment and conduct of this hospital an heroic task. The practical completion of the Philippine General in August, 1910, was therefore a welcome relief to the entire city. The new hospital is doubtless one of the most beautiful in the world. The entire scheme is designed to accommodate one thousand patients. There is a nursing force of twenty-five American supervisors, with about one hundred and fifty Filipino nurses of both sexes.

The establishment of a training school for Filipino nurses was agitated shortly after the American occupation, and a bill for that purpose was put before but failed to pass the Commission as early as 1903. The project was one of the many admirable recommendations of Major Edward C. Carter, Surgeon U. S. Army, and the Commissioner of Health of the Philippine Islands during 1903–1905. The necessity of such a school seemed very apparent to him, but new projects move slowly, and it was not until 1907 that the training of nurses was introduced as a specialised branch of the Philippine Normal School, under Miss Mary E. Coleman, for six years dean of women there. To her and to Mrs. Jaime de Veyra, one of the most progressive of Filipino women, belongs largely the credit of successfully launching this most important movement.

The idea of women nursing was an entirely foreign one to the Filipino people. To them the work seemed menial and wholly beneath a person of any family or birth. Not only did this idea have to be entirely overcome with both parents and young women, but the latter, as students, had to be grounded in the very A-B-C of hygiene and sanitation,—rudimentary knowledge which, in our country, is assimilated we know not when or how,—it is almost inborn. It is difficult for us to realise that some of the most primitive customs prevail among persons of more or less education in the Philippines. All this was uphill work, but the school was finally started. Another struggle was involved in the donning of a uniform. The Filipino has worn the same style of costume for about three hundred years. This dress has a long train which carries with it class distinction. It is almost symbolical of the leisure or wealthy upper class: the longer the train, the higher the class; absence of train, lack of class. To abolish this costume, even for the period of "duty," was, therefore, something to accomplish, but it was done, and the student nurses now look most attractive in their striped, gingham uniforms, with white caps and aprons. Pleasant to relate, they have really become very proud of them, though they return to their native costumes as soon as off duty. The wearing of shoes and stockings came with this change, for the majority of Filipinos go bare-legged, with a simple sandal to protect the foot.

Miss Charlotte Layton had charge of the theoretical work of this school (under the Bureau of Education) for about the first two years of its existence, or until it was turned over to the Bureau of Health by an act of the legislature. The school started with sixteen scholarships, ten furnished by the government, and six by private individuals. After one year's study in the normal school, six of these student nurses were sent to St. Paul's for practical work, three to the University, and seven to the Civil Hospital. After a short time, St. Paul's bought over their six scholarships and used these nurses as a nucleus for their own training school. The University Hospital did likewise. The class of seven sent to the Civil Hospital remained intact, and was the first graduating class under the civil government. The school now has an enrolment of thirty, the maximum number of one sex allowed by law.

When Miss McCalmont took charge of the nursing force in the Philippines, a peculiar state of affairs existed. All male patients, even the Americans, were cared for by male attendants only. In the men's wards, the nurses did only desk work, charting, and giving out medicines. Baths, treatments, and nearly all surgical dressings were done by the attendants, who were generally ex-army corps men, with even less than the ordinary training. There were many instances of neglect, and the situation was altogether unsatisfactory. It seemed impossible to get the nurses back into the hospital habits of the United States, and an attempt was made to solve the problem by a training school for men. This, at first, was greatly discouraged, but finally put into effect with marked success. In March, 1910, a training school for hospital attendants was opened with an enrolment of sixteen pupils and a surprisingly long list of applicants. This was merged a few months later with the training school for young women, and with practically the same curriculum of study.

It had not proven satisfactory to have the theoretical work conducted under one bureau, and the practical work under the direction of another; consequently, by an act of the legislature, the training of nurses of both sexes was put under the direction of the Bureau of Health, with Miss Mabel E. McCalmont as supervising nurse, and Mrs. Eleanor Underhill Snodgrass as superintendent of nurses. Under this act, appropriation was made for sixty government scholarships yearly. A thorough course of study was arranged, including, besides all the usual subjects, the nursing of tropical diseases, the sanitary work of the Bureau of Health, public instruction in dispensary and school work, English grammar and colloquial English, and industrial and living conditions in the islands. The elementary course was planned to cover two and a half years of satisfactory work, with elastic modifications to meet the special conditions of race and climate. The preparatory course of six months gives the pupils from five to six and a half hours daily in diet kitchens, laundry, supply-rooms, etc., to familiarise them with hospital routine. Class work and demonstrations are given daily, while lessons in English are of first importance. Ward service is not entered on until the preparatory course has been successfully completed. The junior year has six and a half hours of daily ward work, with one period of class daily for five days of the week. The senior year brings eight hours' ward work, with one lecture weekly, but no classes. The pupils, during training, pass through every branch of practical service. Those who have finished high school or have had superior educational advantages are chosen in preference to others.

In the work of nursing and health education, which is of such vast significance and importance to the Filipino people, there are certain fields which necessitate special training for those undertaking the work. These are along the lines of administrative or executive hospital work; dispensary management and public instruction; school teaching along the lines of hygiene, sanitation, and practical nursing; and sanitary inspection,—the last-named course designed for the male nurses particularly. Post-graduate courses of six months will be given in each of the above subjects. Graduates will be selected who have shown particular ability along these lines, and during their post-graduate course they will be paid thirty pesetas per month, with subsistence, quarters, and laundry. After completion of this course they will receive appointments and salaries in proportion to their ability. There are probably no other positions in the islands where the work is as remunerative, as interesting, and of such great importance to the people. These special courses will open up lines of work which it is believed will be especially attractive to the Filipino student and for which it is believed he is particularly adapted.

To establish the Filipino people physically is to insure their future effectiveness and prosperity. It should be the basis of all the educational work of the islands. To decrease the high infant mortality, to stamp out small-pox, cholera, tuberculosis, malaria, hook-worm, beriberi, and many other diseases which are retarding the progress of the Filipinos is absolutely necessary in order to build scientific and industrial education on a substantial foundation. This great work can not be accomplished in any other way than through the education of the people. And the instruction of the masses can only be accomplished through the specialised education of a selected number, who will then spread the leaven of their instruction, in the dialects of their own people, among those who have grown up in ignorance and superstition.

This, then, is the object and purpose of the Philippine training school for nurses. These young men and women, from all sections of the islands, are to be trained not only in the care of the sick, but in the prevention of sickness. They are to be given the best knowledge obtainable along the lines of nursing, hygiene, and sanitation. They are to be given this knowledge in such a way, it is hoped, that, even without expensive equipment, they can apply their instruction in a practical manner in the homes of the poor and those of moderate means. They will be able to disseminate this knowledge, either in hospital work in Manila or in the provinces, where provincial hospitals and dispensaries are now rapidly to be built; in the schools, teaching it as a specialised branch; in the provinces, as sanitary inspectors; or in the work of public instruction, viz., in dispensaries, where persons may come and receive free instruction in the care of the sick, the bathing, feeding, and care of infants, the elementary principles of nursing, the proper preparation of food for both the sick and the well, the prophylaxis of tuberculosis and other communicable diseases, etc.

For the present, it seems wisest to spread as much knowledge of hygiene and sanitation as possible, making a feature of preventive rather than curative measures. As the work develops, however, it will have to be more and more modified to suit the living conditions of the country at large, and more particularly adapted to the people of the isolated provinces. This will be a task beset with difficulties. The problem is comparatively simple as far as the nurses are concerned who are being fitted for hospital work in Manila or other large towns, but for those who will be expected to carry their training and skill into remote and semi-civilised regions, the task is a formidable one.

The *tao* or peasant class comprises a widely-scattered, poverty-stricken population living in ignorance and superstition, and hopelessly content to do so. They speak nearly sixty different dialects, none intelligible to the others. To give the Filipino nurses a training adequately adapted to the primitive conditions of living found in these provincial districts, is the serious problem awaiting solution at the hands of those responsible for the training of these student nurses. No other educational movement in the Philippines has, as yet, been thus practically solved, and it would be a triumph almost beyond realisation, if this, one of the greatest movements on foot in the islands, should be thus successfully launched and steered through the rocky course all progressive and pioneer movements must run.

The problem is largely economic. The average Filipino subsists on probably less than ten centavos (five cents) a day. He lives in a primitive, one- or two-room shack with his entire family and much of his live stock. Cooking utensils are of the fewest possible number; knives, forks, and spoons for eating purposes are unknown; the stove is a shallow earthen vessel in which charcoal is burned, and over which the entire dinner is generally cooked in one pot or pan. There are no beds or bed-linen. The family squat on the floor at meal-time, gathered around the common stew-pot, and eat with the fingers. The diet consists generally of rice, fish, or chicken, and a few uncultivated native fruits and vegetables. No water is safe to drink unless first boiled, but, needless to say, very few Filipinos take this precaution.

Among those people, skin and venereal diseases, tuberculosis, dysentery, malaria, cholera, small-pox, beriberi, and other tropical diseases are liable to occur. Unless within reach of the comparatively few hospitals as yet constructed in the Philippines, such diseases will have to be cared for in these poor homes. The young graduate nurses, most of them from very good families and reared in comparative comfort, all of them receiving their training in a most modern hospital with an unlimited amount of complicated and expensive equipment, with American standards of living, cooking, and eating developed almost to the exclusion of their own,—what are these young nurses going to do after they have left the hospital and its careful supervision?

As a people they lack the American ingenuity, inventiveness, and adaptability, though, like the Japanese, they are clever imitators. But unless they are taught to apply fundamental principles to such crude conditions as have been described, they will surely flounder. Unless they are trained to devise a proper dietary out of rice, dried fish, and vegetables, realising that the only milk supply comes out of a tin can and at a prohibitive price; unless they can manage a hot and cold sterile water supply with no convenient tap to turn which would give them both; unless bathing and cleanliness can be made possible with an almost total absence of soap and linen; unless a few poor utensils can be made to serve the manifold needs of the sick; unless they are really *trained* to do all this at a minimum cost, then only to a limited extent will their training be of use to themselves, their people, and to the country at large. And only by such measure of usefulness and adaptability can the success of training Filipinos be guaged. To have a large training school of bright, eager young people, making phenomenal progress in theoretical work; to have a bulging list of applicants clamouring for admission, is not enough. That much only means that these most likable, responsive Filipinos see their opportunity and are ready and willing to do their part. The question is, can we and will we *wisely* do ours?

[The work done by Miss McCalmont and Mrs. Snodgrass in the Philippines merits a few words of detail. The former nurse, graduate of the Homœopathic Hospital in Washington, D. C., not only reorganised the entire nursing service of the Civil Hospital, but also, while holding the position of hospital superintendent, reduced the running expenses under circumstances of such peculiar difficulty as to make her work a piece of real civic duty, fearlessly done, for which she received the thanks of the administration. She also designed the plans and ordered the equipment of the Philippine General as well as of provincial hospitals for the interior. After accomplishing this task, she returned to the United States and gave an interesting example of the variations in work possible for nurses, by opening a career as consultant in hospital construction and furnishing.

Mrs. Eleanor Underwood Snodgrass, graduate of the S. R. Smith Infirmary, Staten Island, and of the special course in Hospital Economics at Teachers College, was a woman whose ability and lovable characteristics gave promise of the brightest future. When she became superintendent of nurses in the reorganised training school, it was generally felt that not only success, but distinction, awaited her,—an outlook too soon clouded by her death only a year later. Miss Margaret Wheeler and Miss Elsie McCloskey succeeded to the direction of the work left by the two pioneers.]

The sketches of nursing development we have here given show, we believe, in a very striking way, the gradual change from the "sick nursing" of past ages to the "health nursing" foreseen by Florence Nightingale. The conquest of disease is rapidly extending, and as it does, the nurses' sphere will also change, until, perhaps, the nurse herself may become obsolete. If this day comes, our "History" may be as a voice out of the Dark Ages.

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